

Volvo Financial Services

FINANCING APPLICATION

Dealer _____
 Dealer Phone: _____

Dealer Code: _____
 Dealer Fax: _____

Name of Borrower				Borrower is <input type="checkbox"/> Individual <input type="checkbox"/> D/B/A <input type="checkbox"/> Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Muni			
Physical Address			City		State	Zip	
Mailing Address (Check if same as physical address: <input type="checkbox"/>)			City		State	Zip	
Phone		Fax	Cell Phone		Email		
Federal I.D. # or Social Security Number		Year Started:	Year Incorp:	Self Insured?	Physical Damage Deduct. Amt:		
			State Incorp:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CDL#	Driver's Date of Birth		Radius of Operations		State Garaged	MC Authority?	
Driver's License #	DL Expiration Date	DL State of Issuance	Is this the most recent license issued by your state of residency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annual Sales: <input type="checkbox"/> <\$10MM <input type="checkbox"/> \$10-50MM <input type="checkbox"/> >\$50MM			Nature of Business/Haul Description:				
Would the equipment be rented or subleased: <input type="checkbox"/> Yes <input type="checkbox"/> No			Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of yrs driving experience (please complete "Company Hauling For" below)					
# of power units owned:	# of trailers owned:		Haul Haz Mat? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Haz Mat hauled list type:		
Expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Outstanding Judgments: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name (May be Same As Borrower if Individual)			% Owned	Date of Birth	Title	Social Security Number	
Address		City		State	Zip	Phone ()	
Owner Name/Co-Borrower/Guarantor			% Owned	Date of Birth	Title	Social Security Number	
Address		City		State	Zip	Phone ()	

CREDIT REFERENCES

Bank Name		Account Number		Contact	Phone ()	
Check all that apply: <input type="checkbox"/> Checking Acct. <input type="checkbox"/> Truck/Trailer Loans <input type="checkbox"/> Other Loans/Lines of Credit						
Finance Reference	Collateral		Account Number		Contact	Phone ()
Finance Reference	Collateral		Account Number		Contact	Phone ()

WORK SOURCES

1. Company Hauling For	Products Hauled	How Long? ____yrs. ____mos.	Contact		Phone ()
2. Company Hauling For	Products Hauled	How Long? ____yrs. ____mos.	Contact		Phone ()

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Signature	Title		Date
Signature	Title		Date