

(◆ = REQUIRED FIELD)		CUSTOMER INFORMATION - Buyer									
◆ DATE		◆ BUYER NAME (FIRST, MIDDLE INITIAL, LAST)				◆ DOING BUSINESS AS					
◆ BUYER SOCIAL SECURITY NUMBER		◆ DATE OF BIRTH		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			NUMBER OF DEPENDENTS				
◆ BUYER STREET ADDRESS			◆ BUSINESS PHONE		◆ MOBILE NUMBER		◆ FAX NUMBER		◆ E-MAIL ADDRESS		
◆ CITY, STATE ZIP			◆ HOW LONG AT CURRENT ADDRESS		◆ HOMEOWNER <input type="checkbox"/> YES <input type="checkbox"/> NO		◆ MONTHLY REMT/PMT		◆ COUNTY		
FORMER ADDRESSES (FIVE YEAR MINIMUM)				CITY, STATE, ZIP				HOW LONG?			
COMPLETE ONLY IF THIS APPLICATION IS JOINT WITH A SPOUSE OR CO-BUYER OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE. SPOUSE MUST SIGN ON PAGE 2											
CO-BUYER OR SPOUSE'S NAME (FIRST, LAST, M.I.)				DATE OF BIRTH			SOCIAL SECURITY NUMBER				
EMPLOYER			POSITION HELD		WORK PHONE			HOW LONG YRS: MOS:		MONTHLY INCOME	
(◆ = REQUIRED FIELD)		BUSINESS INFORMATION - Buyer									
◆ BUSINESS LEGAL NAME				◆ BUSINESS TAX I.D. NUMBER			◆ BUSINESS ADDRESS (IF DIFFERENT THAN ABOVE)				
◆ BUSINESS OFFICER NAME			◆ TITLE		◆ OWNERSHIP %			◆ BUSINESS SIGNER		BUSINESS TYPE <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Part. <input type="checkbox"/> Other	
TRUCK OWNERSHIP & USAGE											
◆ APPLICANT TO DRIVE THIS PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO			◆ APPLICANT FIRST TIME OWNER/OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			◆ APPLICANT TRUCK DRIVING EXPERIENCE? YRS: MOS:			◆ APPLICANT OWNER/OPERATOR EXP YRS: MOS:		
APPLICANT COMMERCIAL DRIVER'S LICENSE		ISSUE STATE	ISSUE DATE	◆ NUMBER OF UNITS OPERATED		AVERAGE ANNUAL MILES		COMMODITIES HAULED		◆ REPLACEMENT OR ADDITION? <input type="checkbox"/> REPLACE <input type="checkbox"/> ADDITION	
TRUCK TO WORK FOR? (IF DIFFERENT THAN PRESENT EMPLOYER)		STATE OF TITLING		OFF HIGHWAY USE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BETWEEN WHAT POINTS?			REVENUE PER MILE		TRAILERS OWNED?
INCOME SOURCES / DRIVING HISTORY (5 YEARS)											
◆ EMPLOYER NAME		CONTACT NAME AT EMPLOYER			◆ PHONE			POSITION		◆ HOW LONG?	
◆ EMPLOYER NAME (PREVIOUS)		CONTACT NAME AT EMPLOYER			◆ PHONE			POSITION		◆ HOW LONG?	
◆ EMPLOYER NAME (PREVIOUS)		CONTACT NAME AT EMPLOYER			◆ PHONE			POSITION		◆ HOW LONG?	
COMPLETE THE FOLLOWING ONLY IF APPLICANT IS NOT THE DRIVER OF THIS PURCHASE											
DRIVER OF VEHICLE(IF NOT APPLICANT)		DRIVER'S DATE OF BIRTH		DRIVER'S TRUCK DRIVING EXPERIENCE YRS MOS:							
DRIVER'S CDL #			ISSUE STATE		ISSUE DATE		DRIVER'S STREET ADDRESS			CITY, STATE, ZIP CODE	
FINANCIAL DISCLOSURES											
◆ HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			◆ ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO			◆ HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO			◆ ARE ANY ACCOUNTS PAST DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
◆ IF YOU ANSWERED YES (ABOVE) PLEASE EXPLAIN (ATTACH ADDITIONAL SHEET IF NECESSARY)											
◆ NEAREST RELATIVE NOT LIVING WITH YOU			◆ RELATIONSHIP		◆ ADDRESS			◆ CITY, STATE, ZIP		◆ PHONE	
BANK REFERENCE											
◆ BANK NAME		PHONE		ACCOUNT NUMBER			CASH BALANCE		ACCOUNT TYPE(CKG,SAV,ETC)		
CITY, STATE, ZIP CODE		CONTACT		LOANS OWING			MONTHLY PAYMENT		DATE OPENED		

TRUCK, REAL ESTATE AND OTHER INSTALLMENT CREDIT INFORMATION

◆ LENDER / INSTITUTION NAME	PHONE	ACCOUNT NUMBER	BALANCE	VALUE	YEAR/MAKE/MODEL
◆ LENDER / INSTITUTION NAME	PHONE	ACCOUNT NUMBER	BALANCE	VALUE	YEAR/MAKE/MODEL
◆ LENDER / INSTITUTION NAME	PHONE	ACCOUNT NUMBER	BALANCE	VALUE	COLLATERAL
◆ LENDER / INSTITUTION NAME	PHONE	ACCOUNT NUMBER	BALANCE	VALUE	COLLATERAL

EQUIPMENT PURCHASE

◆ YEAR	◆ MAKE	◆ MODEL	◆ VIN OR STOCK #	◆ NEW OR USED? <input type="checkbox"/> NEW <input type="checkbox"/> USED	◆ MILEAGE	◆ PURCHASE PRICE
◆ ENGINE	◆ SLEEPER	◆ TRANSMISSION	◆ # ALUM WHEELS	◆ INTERIOR	◆ WARRANTY	

**OTHER FEATURES -
ADDITIONAL EQUIPMENT -**

TRADE-IN - YEAR	MAKE	MODEL	VIN	TRADE ALLOWANCE	BALANCE OWING	TO WHOM?
◆ CASH BACK FROM TRADE?	◆ NET TRADE-IN?	◆ CASH DOWNPAYMENT?	◆ LENGTH OF FINANCING?	◆ OTHER TERMS REQUESTED?	◆ FINANCE AMOUNT REQUESTED?	

COMMENTS, ADDITIONAL INFORMATION -

For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition of the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes CSM Financial, LLC and its assigns or nominees to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which CSM Financial, LLC and its assigns or nominees deems relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and/or transmitted via electronic means to CSM Financial, LLC, and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided.

I further represent that neither the undersigned, any principal officer of the undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband, and no such person has been convicted of any felony. I understand that CSM Financial, LLC and its assigns or nominees, and/or Seller of motor vehicle, parts or services to whom this application is presented, will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.;

SIGNATURE DATE

SIGNATURE DATE