

Mack Financial Services

Email: sfreese@rdotc.com Phone: 701.282.5400

Dealer: RDO Truck Centers

Dealer Phone: 701.282.5400

FINANCING APPLICATION

Contact: Sally Freese

Dealer Code:

Dealer Fax: 701.282.8220

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
Mailing Address (Check if same as physical address: <input type="checkbox"/>)		City	State
Year at current address	Federal I.D. # or Social Security #	Driver's Date of Birth	Do you have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No How many years with CDL?
Driver's License #	DL Expiration Date	DL State of Issuance	Is this the most recent license issued by your state of residency?
Phone	Fax	Cell Phone	Email
Years in business	Year Started:	Year Incorp: State Incorp:	Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Damage Deductible Amt:
Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Radius of Operations	State Garaged	MC Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide MC Number _____
Annual Sales/Revenue:	Nature of Business/Haul Description:		
Would the equipment be rented or subleased: <input type="checkbox"/> Yes <input type="checkbox"/> No		Haul Haz Mat? If Haz Mat hauled, list type(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have prior industry experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of yrs driving experience (please complete "Company Hauling For" below) _____	
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
First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of power units owned:
# of trailers owned:			
*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	

*If more than 2 owners, please provide additional information on a separate page submitted with this application to include the ownership percentage, owner's names, address and phone number.

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 Avg Monthly Bank Balance			
Have you ever financed a truck before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or operate other vehicles and/or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other equipment?		
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	Product Hauled	How Long? _____ mths _____ yrs	Contact	Phone

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AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY THE VFS PARTIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
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