

# Volvo Financial Services

# FINANCING APPLICATION

Email: [sfreee@rdotc.com](mailto:sfreee@rdotc.com) Phone: 701.282.5400

Contact: Sally Freese

Dealer: RDO Truck Centers

Dealer Code: \_\_\_\_\_

Dealer Phone: 701-282-5400

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		Zip
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:	
*Owner Name (May be Same As Borrower if Individual)				% Owned		Date of Birth	
Address				City		State	
Owner Name/Co-Borrower/Guarantor				% Owned		Date of Birth	
Address				City		State	
Title				Zip		Phone	
Social Security Number				Date of Birth		Title	
Address				City		State	
Zip				Phone		Social Security Number	

\*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	
Phone		Contact		Phone		Contact	

### WORK SOURCES

1. Company Hauling For		Products Hauled		How Long? _____ yrs. _____ mos.		Contact	
2. Company Hauling For		Product Hauled		How Long? _____ mths _____ yrs		Contact	
Phone		Phone		Phone		Phone	

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES <<VCFNAMEUCASE>>, A DIVISION OF VFS US LLC, ITS AFFILIATES AND SUBSIDIARIES AND ITS SERVICE PROVIDERS ("THE VFS PARTIES") OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. THE VFS PARTIES OR PERSON TO WHOM THIS APPLICATION IS MADE, MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH THE VFS PARTIES. THE UNDERSIGNED CERTIFIES THAT THE OWNERSHIP INFORMATION PROVIDED WITH THIS APPLICATION IS ACCURATE AND COMPLETE AND THAT NEITHER THE UNDERSIGNED NOR ANY OF THE UNDERSIGNED'S DIRECT OR INDIRECT OWNERS ARE SUBJECT TO ANY PROHIBITIONS UNDER ANY REGULATION OR ORDERS OF THE U.S. DEPT. OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL. THE UNDERSIGNED AGREES THAT THE VFS PARTIES MAY PROCESS DATA AND/OR INFORMATION IN ANY COUNTRY WHERE PARTIES MAY HAVE A PRESENCE. THE UNDERSIGNED ALSO CERTIFIES THAT THEY DO NOT ENGAGE IN ANY TRANSACTIONS PROHIBITED BY ANY U.S. LAWS. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT

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.

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>