

Volvo Financial Services

Email: ooc@vfsc.com Phone:

Fax: (336) 931-4119

Contact: _____

Dealer:

Dealer Code:

Dealer Phone:

Dealer Fax:

FINANCING APPLICATION

Name of Borrower		Borrower is Individual/ DBA /Corp/ LLP/ LLC/ Partnership/ S-Corp/ Muni?			
Physical Address		City	State	Zip	
Mailing Address (Check if same as physical address: <input type="checkbox"/>)		City	State	Zip	
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 _____ yrs. _____ mos.	Year Started:	Year Incorp: State Incorp:	Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Damage Deductible Amt:	
Tax Exempt?	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:		Haul Haz Mat? <input type="checkbox"/> Yes <input type="checkbox"/> No If Haz Mat hauled, list type(s):			
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/ Replacement/ Expansion?		# 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?	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

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.

Signature	Title	Date
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Contact: _____

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