

Mack Financial Services

7025 Albert Pick Rd., Suite 105

Greensboro, NC 27409

Phone: (866) 281-8585 Fax: (336) 931-4119

Dealer Phone: _____

Dealer Fax: _____

Dealer _____ Dealer Code _____ Contact _____

FINANCING APPLICATION

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: State Incorp:	Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Physical Damage Deduct. Amt:	
CDL#	Driver's Date of Birth		Radius of Operations		State Garaged	MC Authority?	
Annual Sales: <input type="checkbox"/> <\$10MM <input type="checkbox"/> \$10-50MM <input type="checkbox"/> >\$50MM			Nature of Business/Haul Description:				
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	
1. Owner Name (May be Same As Borrower if Individual)			% Owned	Title	Social Security Number		
Address		City		State	Zip	Phone ()	
2. 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 ()	

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES MACK FINANCIAL SERVICES, A DIVISION OF VFS US LLC, ITS AFFILIATES AND SUBSIDIARIES 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. MACK FINANCIAL SERVICES, 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 MACK FINANCIAL SERVICES. THE UNDERSIGNED CERTIFIES THEY ARE NOT SUBJECT TO ANY PROHIBITIONS UNDER ANY REGULATION OR ORDERS OF THE U.S. DEPT. OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL. 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 MACK FINANCIAL SERVICES, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
Signature	Title	Date