

# Mack Financial Services

# FINANCING APPLICATION

Dealer \_\_\_\_\_

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

Dealer Phone: \_\_\_\_\_

Dealer Fax: \_\_\_\_\_

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?	
Driver's License #	DL Expiration Date	DL State of Issuance	Is this the most recent license issued by your state of residency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annual Sales: <input type="checkbox"/> <\$10MM <input type="checkbox"/> \$10-50MM <input type="checkbox"/> >\$50MM		Nature of Business/Haul Description:					
Would the equipment be rented or subleased: <input type="checkbox"/> Yes <input type="checkbox"/> No			Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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	
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 ( )	

### 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 ( )

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