

<b>(● = REQUIRED FIELD)</b>		<b>CUSTOMER INFORMATION</b>			
● DATE	● CUSTOMER NAME (OR BUSINESS NAME IF APPLICABLE)		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED		
DOING BUSINESS AS	● SOCIAL SECURITY NUMBER	● DATE OF BIRTH	# OF DEPENDENTS		

<b>COMPLETE THE FOLLOWING ONLY IF EQUIPMENT IS TO BE PURCHASED IN A BUSINESS NAME</b>					
BUS. TYPE(S-CORP, C-CORP, LLC, ETC)	STATE OF INCORPORATION	DATE OF INCORPORATION	● FEDERAL TAX ID NUMBER	NAME OF SIGNERS FOR BUSINESS	
● APPLICANT'S STREET ADDRESS	● CITY, STATE, ZIP CODE	COUNTY	● HOW LONG? YRS   MOS	● HOMEOWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	● MO. RENT/MTG PMT
● HOME PHONE (   )	WORK PHONE (   )	● CELL / PAGER (   )	FAX (   )	EMAIL	
● APPLICANT TO DRIVE THIS PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT FIRST TIME OWNER/OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	● APPLICANT TRUCK DRIVING EXPERIENCE YRS   MOS	● APPLICANT OWNER/OPERATOR EXP YRS   MOS		
APPLICANT COMERCIAL DRIVER'S LISCENCE		ISSUE STATE/PROVINCE	ISSUE DATE		
STATE VEHICLE WILL BE TITLED	FIRST TRUCK/TRAILER PURCHASE <input type="checkbox"/> YES <input type="checkbox"/> NO	● TYPE OF GOODS HAULED			
● HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	● ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		● HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
● IF YOU ANSWERED YES(ABOVE) PLEASE EXPLAIN (ATTACH ADDITIONAL SHEET IF NECESSARY)					
● PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT CURRENT ADDRESS)		● CITY, STATE, ZIP CODE	● HOW LONG? YRS   MOS		
NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP TO YOU	PHONE NUMBER (   )		
NEAREST RELATIVE ADDRESS - STREET		CITY, STATE, ZIP CODE	COUNTRY		

<b>COMPLETE THE FOLLOWING SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE. SPOUSE MUST SIGN ON PAGE 2</b>					
SPOUSE'S NAME (FIRST, MIDDLE INITIAL, LAST)		DATE OF BIRTH	SOCIAL SECURITY NUMBER		
SPOUSE'S EMPLOYER	POSITION HELD	WORK PHONE (   )	HOW LONG? YRS   MOS	MONTHLY INCOME	

<b>COMPLETE THE FOLLOWING ONLY IF APPLICANT IS NOT THE DRIVER OF THIS PURCHASE</b>					
DRIVER OF VEHICLE(IF NOT APPLICANT)		DRIVER'S DATE OF BIRTH	DRIVER'S TRUCK DRIVING EXPERIENCE YRS   MOS		
DRIVER'S CDL #	ISSUE STATE/PROVINCE	ISSUE DATE	DRIVER'S STREET ADDRESS	CITY, STATE, ZIP CODE	

<b>BANK REFERENCES</b>					
BANK NAME	PHONE (   )	ACCOUNT NUMBER	BALANCE	ACCOUNT TYPE(CKG,SAV,ETC)	
CITY, STATE, ZIP CODE	CONTACT	CREDIT LIMIT	MONTHLY PAYMENT	DATE OPENED	
BANK NAME(IF MORE THAN ONE)	PHONE (   )	ACCOUNT NUMBER	BALANCE	ACCOUNT TYPE(CKG,SAV,ETC)	
CITY, STATE, ZIP CODE	CONTACT	CREDIT LIMIT	MONTHLY PAYMENT	DATE OPENED	

<b>EQUIPMENT CREDIT INFORMATION</b>					
● LENDER / INSTITUTION NAME	● PHONE (   )	ACCOUNT NUMBER	BALANCE	YEAR/MAKE/MODEL	
CITY, STATE, ZIP CODE	CONTACT	CREDIT LIMIT	MONTHLY PAYMENT	DATE OPENED	
LENDER / INSTITUTION NAME(IF MORE THAN ONE)	PHONE (   )	ACCOUNT NUMBER	BALANCE	YEAR/MAKE/MODEL	
CITY, STATE, ZIP CODE	CONTACT	CREDIT LIMIT	MONTHLY PAYMENT	DATE OPENED	

INCOME SOURCES			
● EMPLOYER NAME		CONTACT NAME AT EMPLOYER	
GROSS MONTHLY INCOME \$		● TIME WITH EMPLOYER YRS      MOS	
% OF TOTAL MONTHLY REVENUE %		TRUCK TO WORK FOR THIS INCOME SOURCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
OFF HIGHWAY USE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAULED BETWEEN WHAT POINTS?	
COMMODITIES HAULED		STREET ADDRESS	
CITY, STATE, ZIP CODE		PHONE (    )	
EMPLOYER NAME (IF MORE THAN ONE)		CONTACT NAME AT EMPLOYER	
GROSS MONTHLY INCOME \$		● TIME WITH EMPLOYER YRS      MOS	
% OF TOTAL MONTHLY REVENUE %		TRUCK TO WORK FOR THIS INCOME SOURCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
OFF HIGHWAY USE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAULED BETWEEN WHAT POINTS?	
COMMODITIES HAULED		STREET ADDRESS	
CITY, STATE, ZIP CODE		PHONE (    )	

EQUIPMENT PURCHASE					
● IS THIS ADDITIONAL EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, JUSTIFY EXPANSION OF FLEET			
<b>NO. OF TRACTORS/TRUCKS BEFORE CURRENT PURCHASE</b>					
# LEASED	# OWNED	# OWNER OPERATORS	TOTAL	AVERAGE AGE OF TRACTOR/TRUCK FLEET (YEARS)	
<b>NO. OF TRAILERS BEFORE CURRENT PURCHASE</b>					
# LEASED	# OWNED	# OWNER OPERATORS	TOTAL	AVERAGE AGE OF TRAILER FLEET	BUSINESS TYPE? <input type="checkbox"/> SEASONAL <input type="checkbox"/> YEAR ROUND

BALANCE SHEET (ATTACH ADDITIONAL SHEETS IF NECESSARY)							
ASSETS (WHAT YOU OWN)		CURRENT VALUE	LIABILITIES (WHAT YOU OWE)				AMOUNT OWING
CASH ON HAND AND IN BANKS			ACCOUNTS PAYABLE (CURRENT BILLS)				
VEHICLES OWNED (DESCRIPTION)			LOANS ON VEHICLES				
			LENDER NAME	CITY/STATE	PHONE	ACCT NO.	
1.		\$	1				\$
2.		\$	2				\$
REAL ESTATE			MORTGAGES ON REAL ESTATE				
PRIMARY RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT			MONTHLY PAYMENT \$ _____				
OTHER REAL ESTATE			MORTGAGES ON REAL ESTATE				
			MORTGAGE HOLDER	CITY/STATE	PHONE	ACCT NO.	
1.		\$	1.				\$
2.		\$	2.				\$
OTHER ASSETS (ITEMIZE)			OTHER DEBTS (ITEMIZE)				
			CREDITOR NAME	CITY/STATE	PHONE	ACCT NO.	
1.		\$	1.				\$
2.		\$	2.				\$
TOTAL ASSETS		\$	TOTAL LIABILITIES				\$
			NET WORTH				\$

For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition of the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes PFC to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which PFC deems relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided.

I further represent that neither the undersigned, any principal officer of the undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband, and no such person has been convicted of any felony.

I understand that PACCAR Financial Corp., and/or Seller of motor vehicle, parts or services to whom this application is presented, will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.;

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OTHER CREDIT REFERENCES**

INSTITUTION NAME	CITY/STATE	ACCOUNT NUMBER	ACCOUNT TYPE