

| | | | | | | | | | | | | | | | |
|-----------------------------|--|--|--|--------------------------|--|-----------------------------|--|-----------------|--|-----------------|--|-----------|--|---------|--|
| (◆ = REQUIRED FIELD) | | | | | | CUSTOMER INFORMATION | | | | | | | | | |
| ◆ DATE | | ◆ CUSTOMER NAME (OR BUSINESS NAME IF APPLICABLE) | | | | MARITAL STATUS | | | | | | | | | |
| | | | | | | SINGLE | | MARRIED | | DIVORCED | | SEPARATED | | WIDOWED | |
| DOING BUSINESS AS | | | | ◆ SOCIAL SECURITY NUMBER | | | | ◆ DATE OF BIRTH | | # OF DEPENDENTS | | | | | |

| | | | | | | | | | | | | | | | |
|---|--|------------|--|--|--|--------------------------------------|-----|--------------------------------------|---------------------------------|-------------|--|------------------------------|--|--------------------------|--|
| COMPLETE THE FOLLOWING ONLY IF EQUIPMENT IS TO BE PURCHASED IN A BUSINESS NAME | | | | | | | | | | | | | | | |
| 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 | | | | ◆ COUNTY | | ◆ HOW LONG? | | ◆ HOMEOWNER? | | ◆ MO. RENT/MORTGAGE PMT. | |
| | | | | | | | | YRS | | MOS | | YES | | NO | |
| ◆ HOME PHONE | | WORK PHONE | | ◆ CELL / PAGER | | | FAX | | | EMAIL | | | | | |
| () | | () | | () | | | () | | | | | | | | |
| ◆ APPLICANT TO DRIVE THIS PURCHASE? | | | ◆ APPLICANT 1 ST TIME OWNER/OPERATOR? | | | ◆ APPLICANT TRUCK DRIVING EXPERIENCE | | | ◆ APPLICANT OWNER/OPERATOR EXP. | | | | | | |
| YES NO | | | YES NO | | | YRS MOS | | | YRS MOS | | | | | | |
| APPLICANT COMMERCIAL DRIVER'S LICENSE # | | | | ISSUE STATE/PROVINCE | | | | ISSUE DATE | | | | | | | |
| STATE VEHICLE WILL BE TITLED | | | ◆ FIRST TRUCK/TRAILER PURCHASE? | | | ◆ TYPE OF GOODS HAULED | | | | | | | | | |
| | | | YES NO | | | | | | | | | | | | |
| ◆ HAVE YOU EVER TAKEN BANKRUPTCY? | | | | ◆ ARE YOU A DEFENDANT IN ANY LEGAL ACTION? | | | | ◆ HAVE YOU HAD ANY ITEM REPOSSESSED? | | | | | | | |
| YES NO | | | | YES NO | | | | YES 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 | | | | | |
| | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|---------------|--|---------------|--|-----------|------------------------|----------------|--|
| 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. | | | | | | | | | | | |
| SPOUSE'S NAME (FIRST, MIDDLE INITIAL, LAST) | | | | | | DATE OF BIRTH | | | SOCIAL SECURITY NUMBER | | |
| | | | | | | | | | | | |
| SPOUSE'S EMPLOYER | | | | POSITION HELD | | WORK PHONE | | HOW LONG? | | MONTHLY INCOME | |
| | | | | | | () | | YRS MOS | | | |

| | | | | | | | | | | | |
|--|--|----------------------|--|------------|--|-------------------------|--|--|-------------------------------------|-----------------|--|
| COMPLETE THE FOLLOWING ONLY IF APPLICANT IS NOT THE DRIVER OF THIS PURCHASE | | | | | | | | | | | |
| ◆ 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 | |
| | | | | | | | | | | | |

| | | | | | | | | | | | |
|--------------------------------|--|--|--|---------|--|----------------|--|-----------------|--|------------------------------|--|
| BANK REFERENCES | | | | | | | | | | | |
| ◆ BANK NAME | | | | ◆ PHONE | | ACCOUNT NUMBER | | BALANCE | | ACCOUNT TYPE (CKG, SAV, ETC) | |
| | | | | () | | | | | | | |
| CITY, STATE, ZIP | | | | 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 | | | | CONTACT | | CREDIT LIMIT | | MONTHLY PAYMENT | | DATE OPENED | |
| | | | | | | | | | | | |

| | | | | | | | | | | | |
|--|--|--|--|---------|--|----------------|--|-----------------|--|---------------------|--|
| EQUIPMENT CREDIT INFORMATION | | | | | | | | | | | |
| ◆ LENDER / INSTITUTION NAME | | | | ◆ PHONE | | ACCOUNT NUMBER | | BALANCE | | YEAR / MAKE / MODEL | |
| | | | | () | | | | | | | |
| CITY, STATE, ZIP | | | | CONTACT | | CREDIT LIMIT | | MONTHLY PAYMENT | | DATE OPENED | |
| | | | | | | | | | | | |
| ◆ LENDER / INSTITUTION NAME (IF MORE THAN ONE) | | | | ◆ PHONE | | ACCOUNT NUMBER | | BALANCE | | YEAR / MAKE / MODEL | |
| | | | | () | | | | | | | |
| CITY, STATE, ZIP | | | | CONTACT | | CREDIT LIMIT | | MONTHLY PAYMENT | | DATE OPENED | |
| | | | | | | | | | | | |

| INCOME SOURCES | | | |
|----------------------------------|---------------------------------|--------------------------------------|---|
| ◆ EMPLOYER NAME | | CONTACT NAME AT EMPLOYER | ◆ PHONE () |
| GROSS MONTHLY INCOME \$ | % OF TOTAL MONTHLY REVENUE % | ◆ TIME WITH EMPLOYER YEARS MONTHS | ◆ TRUCK TO WORK FOR THIS INCOME SOURCE? YES NO |
| ◆ OFF HIGHWAY USE? YES NO | ◆ COMMODITIES HAULED: | | ◆ HAULED BETWEEN WHAT POINTS? |
| STREET ADDRESS | | CITY, STATE, ZIP CODE | |
| ◆ EMPLOYER NAME (IF MORE THAN 1) | | CONTACT NAME AT EMPLOYER | ◆ PHONE () |
| GROSS MONTHLY INCOME \$ | % OF TOTAL MONTHLY REVENUE % | ◆ TIME WITH EMPLOYER YEARS MONTHS | ◆ TRUCK TO WORK FOR THIS INCOME SOURCE? YES NO |
| ◆ OFF HIGHWAY USE? YES NO | ◆ COMMODITIES HAULED: | | ◆ HAULED BETWEEN WHAT POINTS? |
| STREET ADDRESS | | CITY, STATE, ZIP CODE | |

| EQUIPMENT PURCHASE | | | | | |
|--|---------|---------------------------------------|-------|--|---------------------------------------|
| ◆ IS THIS ADDITIONAL EQUIPMENT? YES NO | | ◆ IF YES, JUSTIFY EXPANSION OF FLEET. | | | |
| NO. OF TRACTORS/TRUCKS BEFORE CURRENT PURCHASE | | | | | |
| # LEASED | # OWNED | # OWNER OPERATORS | TOTAL | AVERAGE AGE OF TRACTOR/TRUCK FLEET (YEARS) | |
| NO. OF TRAILERS BEFORE CURRENT PURCHASE | | | | | |
| # LEASED | # OWNED | # OWNER OPERATORS | TOTAL | AVERAGE AGE OF TRAILER FLEET (YEARS) | BUSINESS TYPE? SEASONAL 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) | | | LENDER NAME | LOANS ON VEHICLES CITY/STATE PHONE NO. ACCT NO. | | |
| 1. | | \$ | 1. | | \$ | |
| 2. | | \$ | 2. | | \$ | |
| REAL ESTATE | | | | | \$ | |
| PRIMARY RESIDENCE | OWN RENT | \$ | MONTHLY PAYMENT \$ _____ | | | \$ |
| OTHER REAL ESTATE | | | MORTGAGE HOLDER | MORTGAGES ON REAL ESTATE CITY/STATE PHONE NO. ACCT NO. | | |
| 1. | | \$ | 1. | | \$ | |
| 2. | | \$ | 2. | | \$ | |
| OTHER ASSETS (ITEMIZE) | | | CREDITOR NAME | OTHER DEBTS (ITEMIZE) CITY/STATE PHONE NO. ACCT NO. | | |
| | | \$ | | | \$ | |
| | | \$ | | | \$ | |
| 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 _____