

Legal Business Name			Business Type		
			<input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> General Partnership		
Business Address		City, State, Zip	Federal Tax ID	E-mail Address	
Phone	Other Phone (Cell)	Fax	Business Start Date	Website	

Stockholders/Members & Managers/Partners		
Name	City, State	Ownership Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Co-Signers/Guarantors/Co-Purchaser		
Name	City, State	Ownership Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Operating Information	
Numbers of tractors and trucks owned/leased _____	Trailers _____
Experience Since: _____ As owner: _____	As driver: _____
Equipment Garaging Location	
Address: _____	
City, State _____	
Previously Filed for Bankruptcy: <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Previous Repossession: <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Previous Bankruptcy Date: _____ Type: _____	Previous Repossession Date: _____

Revenue Source				
Business Name	Start Date	Contact Name	Business Phone	
_____	_____	_____	_____	
_____	_____	_____	_____	

Equipment Lenders				
Who Financed/Leased Previous Truck/Tractor/Trailer Purchases?				
Name of Lender	City, State	Account Number	Contact Name	Business Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Banking Information				
Bank Name	City, State	Account Number	Contact Name	Business Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

[(WE) ACKNOWLEDGE RECEIPT OF NOTICE IN COMPLIANCE WITH THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT IF APPLICABLE. THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE, ACCURATE, AND TRUTHFUL. THIS APPLICATION IS GIVEN FOR YOUR SOLE USE AND INFORMATION AND IS NOT TO BE DIVULGED TO OR USED BY ANYONE ELSE PROVIDED, HOWEVER, THAT THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE NAMED BANK(S), TRADE AND/OR OTHER CREDIT REFERENCE(S) TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH YOU OR YOUR COMPANY. THE UNDERSIGNED ALSO AUTHORIZES AND CONSENTS TO NAVISTAR FINANCIAL CORPORATION OR OTHER LENDER REQUESTING MY/OUR CREDIT REPORT.

[(WE) FURTHER REPRESENT THAT SAID EQUIPMENT SHALL BE USED FOR A COMMERCIAL PURPOSE AND NOT BE USED FOR ANY UNLAWFUL PURPOSE.

Signature of Applicant: _____ Date: _____
 Signature of Co-Applicant: _____ Date: _____

[(WE) ACKNOWLEDGE RECEIPT OF NOTICE IN COMPLIANCE WITH THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT IF APPLICABLE. THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE, ACCURATE, AND TRUTHFUL. THIS APPLICATION IS GIVEN FOR YOUR SOLE USE AND INFORMATION AND IS NOT TO BE DIVULGED TO OR USED BY ANYONE ELSE PROVIDED, HOWEVER, THAT THE UNDERSIGNED, A GUARANTOR, HEREBY AUTHORIZES AND CONSENTS TO NAVISTAR FINANCIAL CORPORATION OR OTHER LENDER REQUESTING MY CREDIT REPORT.

Signature of Guarantor: _____ Date: _____