

Vocational Credit Application

| CUSTOMER DATA   |                                       |                                   |   |  |   |                                   |   |                                      |                                   |  |                                       |   |   |
|---|---------------------------------------|-----------------------------------|---|--|---|-----------------------------------|---|--------------------------------------|-----------------------------------|--|---------------------------------------|---|---|
| Today's Date  |                                       |                                   | Business Start Date                     |  |   |                                   |   | State of Incorporation               |                                   |  |                                       |   |   |
| C Corp<br><input type="checkbox"/>  | S Corp<br><input type="checkbox"/>    | LLC<br><input type="checkbox"/>   | Partnership<br><input type="checkbox"/> |  | Sole Proprietorship<br><input type="checkbox"/> |                                   | Parent Company (if applicable)            |                                      |                                   |  |                                       |   |   |
| Customer Legal Name (Business or Individual)                                      |                                       |                                   |   |  |   |                                   | DBA Name                                  |                                      |                                   |  |                                       |   |   |
| Address   |                                       |                                   |   |  |   |                                   | Tax ID #                                  |                                      | SSN                               |  |                                       |   |   |
| City  |                                       | State                             | Zip                                     | Tel #  |   | Fax #                             |   | Email                                |                                   |  |                                       |   |   |
| Principal Owner/Guarantor Name  |                                       |                                   |   | Title  |   | SSN                               |   | % Owned                              | Years with Co.                    | Years Experience   |                                       |   |   |
| Address   |                                       |                                   |   | City   |   | State                             | Zip                                       |                                      | Phone                             |  |                                       |   |   |
| Principal Owner/Guarantor Name  |                                       |                                   |   | Title  |   | SSN                               |   | % Owned                              | Years with Co.                    | Years Experience   |                                       |   |   |
| Address   |                                       |                                   |   | City   |   | State                             | Zip                                       |                                      | Phone                             |  |                                       |   |   |
| Principal Owner/Guarantor Name  |                                       |                                   |   | Title  |   | SSN                               |   | % Owned                              | Years with Co.                    | Years Experience   |                                       |   |   |
| Address   |                                       |                                   |   | City   |   | State                             | Zip                                       |                                      | Phone                             |  |                                       |   |   |
| FINANCE / INSURANCE INFORMATION   |                                       |                                   |   |  |   |                                   |   |                                      |                                   |  |                                       |   |   |
| Vehicle Finance Reference   |                                       | Contact name                      |   | Contact Phone Number   |   |                                   | City                                      |                                      | State                             | Account Type   | Account Number                        |   |   |
| Vehicle Finance Reference   |                                       | Contact name                      |   | Contact Phone Number   |   |                                   | City                                      |                                      | State                             | Account Type   | Account Number                        |   |   |
| Vehicle Finance Reference   |                                       | Contact name                      |   | Contact Phone Number   |   |                                   | City                                      |                                      | State                             | Account Type   | Account Number                        |   |   |
| Operating Line Number :   |                                       |                                   |   | Operating Line Secured By:<br><input type="checkbox"/> Accounts Receivable <input type="checkbox"/> All Assets <input type="checkbox"/> Personal Guaranty <input type="checkbox"/> Other |   |                                   |   |                                      |                                   |  |                                       |   |   |
| MAJOR CUSTOMERS / BUSINESS REFERENCES   |                                       |                                   |   |  |   |                                   |   |                                      |                                   |  |                                       |   |   |
| Name  |                                       |                                   | % Revenue                               |  | How Long?<br>Years      Months                  |                                   | Contact name                              |                                      | Contact Phone Number              |  |                                       |   |   |
| Name  |                                       |                                   | % Revenue                               |  | How Long?<br>Years      Months                  |                                   | Contact name                              |                                      | Contact Phone Number              |  |                                       |   |   |
| EQUIPMENT INFORMATION   |                                       |                                   |   |  |   |                                   |   |                                      |                                   |  |                                       |   |   |
| Existing Equipment (# of units)<br>Cars:  |                                       | Trucks:                           |   | Tractors:  |   | Trailers:                         |   | Buses:                               |                                   | Other:   | Van:                                  |   |   |
| # Additions To Fleet _____  |                                       |                                   |   | # Replacement s to Fleet _____   |   |                                   |   | Units To Be Purchased / Leased _____ |                                   |  |                                       |   |   |
| Nature of Business:   |                                       |                                   |   |  |   |                                   |   |                                      |                                   |  |                                       |   |   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Delivery | <input type="checkbox"/> Food/Grocery   | <input type="checkbox"/> Refuse  | <input type="checkbox"/> Municipal              | <input type="checkbox"/> Beverage | <input type="checkbox"/> Mixer (concrete) | <input type="checkbox"/> Tank        | <input type="checkbox"/> Crane    | <input type="checkbox"/> Hazardous/Toxic   | <input type="checkbox"/> Tow Recovery | <input type="checkbox"/> Material Hauling | <input type="checkbox"/> Other (specify): _____ |
| Is Business Seasonal?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       | Inactive month(s)                 |   |  | Annual Mileage:<br>_____                        |                                   |   | Equipment Operates:                  |                                   |  |                                       |   |   |
|   |                                       |                                   |   |  |   |                                   |   | <input type="checkbox"/> Local       | <input type="checkbox"/> Regional | <input type="checkbox"/> Interstate  | <input type="checkbox"/> Intrastate   |   |   |
| <input type="checkbox"/> Retail   | <input type="checkbox"/> TRAC         | <input type="checkbox"/> FMV      | <input type="checkbox"/> Fixed          | Float<br><input type="checkbox"/> # Months _____   |   | Requested Term<br>_____           |   | Balloon / Residual<br>_____ %        |                                   | Payment Stream<br><input type="checkbox"/> Level <input type="checkbox"/> Skips (months) |                                       |   |   |

**Vocational Credit Application**

**AUTHORIZATION TO CONDUCT A CREDIT INVESTIGATION**

If applying for credit, please sign this authorization ("Authorization"). By signing this Authorization:

1. I authorize Dealer, Mercedes-Benz Financial Services USA LLC, ("MBFS"), Daimler Trust and any finance company, bank, or other financial institution to which the Dealer or MBFS and/or Daimler Trust submits my application ("You" or "Your") to investigate my credit and employment history (if an individual), obtain credit reports, contact any of my current or former creditors to verify any information contained herein or received in connection with this Authorization or the accompanying credit application which You deem relevant to the possible extension of credit to me ("Information"), and release Information about Your credit experience with me as the law permits. I authorize MBFS or Daimler Trust to disclose Information to any affiliate, assigns or agent.
2. If required by the transaction, I authorize MBFS or Daimler Trust to file a UCC Financing Statement.
3. I intend to use the purchased or leased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. Generally speaking, the term agricultural purposes does not mean over the road transportation or hauling of goods.
4. If an account is created, I authorize You to obtain credit reports for the purpose of reviewing or taking collection action on the account, or for other legitimate purposes associated with the account.
5. I certify that I have read and agree to the terms of this Authorization and the accompanying credit application and that the information in both documents is complete and true.
6. If I am an individual, I authorize the release of federal and state records of my employment and income history. A bankruptcy proceeding is neither in progress nor expected. If the accompanying credit application is submitted in the name of a business, a current and year-end financial statement, including P&L statement and balance sheet, may be required, audited if possible. I will notify MBFS and Daimler Trust if I become aware of any material change in my financial condition.
7. I consent and agree that MBFS, Daimler Trust, and any successors, affiliates, agents or service providers may to the extent permitted by law; (i) monitor and record telephone calls concerning my account to assure quality of service or for other reasons; and (ii) use written, verbal, and electronic means to contact me, including, without limitation, manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic dialing systems. Such means of contact may include use of an e-mail address or any telephone number I provide, now or in the future, including a cellular phone or other wireless device number, regardless of whether I incur charges as a result.

**CALIFORNIA RESIDENT:** Applicant, if married, may apply for a separate account.

**MAINE, RHODE ISLAND, AND TENNESSEE RESIDENTS:** You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance as described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from or through someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

**NEW YORK RESIDENT:** Consumer reports may be requested in connection with this application. Upon your request, you will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency that furnished the report. On any update, renewal or extension of this credit, subsequent consumer reports may be requested.

**OHIO RESIDENT:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

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|---|---|
| Borrower Name (print): _____  | Guarantor Name (if applicable-print): _____                         |
| Borrower Signature: _____   | Guarantor Signature: _____  |
| Title: _____<br>(Only applicable if Borrower is NOT an individual)    | Title: _____<br>(Only applicable if Guarantor is NOT an individual) |
| Date: _____   | Date: _____   |
| Co-Borrower Name (print): _____                                       | Guarantor Name (if applicable-print): _____                         |
| Co-Borrower Signature: _____  | Guarantor Signature (if applicable): _____                          |
| Title: _____<br>(Only applicable if Co-Borrower is NOT an individual) | Title: _____<br>(Only applicable if Guarantor is NOT an individual) |
| Date: _____   | Date: _____   |