

### PLEASE PRINT OR TYPE

# **CREDIT APPLICATION (OTIS Web)**

(● = REQUIRED F					CUSTO	DMER									
● DATE	CUSTOMER	NAME (OR BL	ISINESS NAM	IE IF APPLI	CABLE)			_							
DOING BUSINESS AS					● SOC	IAL SECU				MARRIE		OWED		PARATED	
								`							
COMPLETE THE FO										(II)				U	
BUS. TYPE(S-CORP, C-	-CORP, LLC, ET	C) STATE OI	INCORPOR	ATION	DATE OF I	NCORPO	RATION	● FE	DERAL TAX I	D NUMBI	ER	NAME	OF SIGNERS	S FOR BUS	INESS
APPLICANT'S STREE	T ADDRESS		<ul> <li>CITY,</li> </ul>	STATE, ZIP	CODE				COUNTY	•	HOW LONG?	•	HOMEOWN	ER?	MO. RENT/MTG PMT
				- ,							RS MOS		YES		
HOME PHONE		WORK PHON	E		• CELL / P	AGER		FAX				EMAIL			
		()			()			(	)	000					
APPLICANT TO DRIVI     YES		ASE?	APPLICANT	YES		PERATOR	<u> </u>			MOS	S EXPERIENCE	=	APPLICA     YRS		R/OPERATOR EXP MOS
APPLICANT COMERCIA		SCENCE		] 123		STATE/P	ROVINCE						ISSUE DAT	ГЕ	
STATE VEHICLE WILL F	BE TITLED	FIRST	RUCK/TRAIL	ER PURCH	ASE		●TYPE 0	DF GOO	DS HAULED						
			YES						TIONO						500550
HAVE YOU EVER TAK     TAK     YES		017 ] NO		• ARE	YOU A DEFE	ENDANT I		GAL AC	HON?		HAVE YOU				
● IF YOU ANSWERED Y		-	I (ATTACH A	DDITIONAL									_0		
PREVIOUS ADDRESS	6 (IF LESS THAN	I TWO YEARS	AT CURREN	T ADDRESS	) • (	CITY, STA	TE, ZIP C	ODE						HOW L YRS	ONG? MOS
					RELATIONSHIP TO YOU						DUON				
NEAREST RELATIVE N	OT LIVING WITH	H YOU			RELATION	SHIP TO	YOU					PHONE (	E NUMBER		
NEAREST RELATIVE A	DDRESS - STRE	ET			Cľ	CITY, STATE, ZIP CODE					COUNTRY			۲. ۲	
COMPLETE THE FO															OME OR ASSETS
AS A BASIS FOR RE SPOUSE'S NAME (FIRS				STED, OR	IF YOU RE	SIDE IN			F BIRTH	YSIAI	IE. SPOUSE		SIGN ON		
SPOUSE'S EMPLOYER				POSITION I	HELD		١	WORK F	PHONE			W LONG	G? MOS	MON	ITHLY INCOME
								(	)				MOO		
COMPLETE THE FO	LLOWING ON	ILY IF APPL	ICANT IS N	OT THE D	RIVER OF	THIS PL	JRCHAS	E							
DRIVER OF VEHICLE(IF	F NOT APPLICA	NT)					DRIV	/ER'S D	ATE OF BIRTH	ł		R'S TRUO YRS	CK DRIVING MOS		1CE
DRIVER'S CDL # ISSUE STATE/PROVINCE ISSUE DA						TE DRIVER'S STREET ADDRESS					CITY, ST				DE
DRIVER'S CDL # ISSUE STATE/PROVINCE IS				E 1550E	DATE DRIVERSSTREET ADDRESS								CITT, STA	TE, ZIP CO	DE
BANK NAME			DU	ONE	BA	NK R	EFER ACCOUN				BALANCE				YPE(CKG,SAV,ETC)
BANK NAME			(	)			ACCOUN		BER		BALANCE		AC		rPe(CKG,SAV,ETC)
CITY, STATE, ZIP CODE	E			, CO	NTACT				CREDIT LIMIT		MONTHLY	PAYMEN	NT DA	ATE OPENE	ED
BANK NAME(IF MORE	THAN ONE)		PHO	ONE			ACCOUN	IT NUM	BER		BALANCE		AC	COUNT TY	YPE(CKG,SAV,ETC)
CITY, STATE, ZIP CODE	-		(	)	NTACT				CREDIT LIMIT		MONTHLY			ATE OPENE	-D
CITT, STATE, ZIF CODE	-				NIACI						MONTHET				
LENDER / INSTITUTION				EQ HONE	UIPMEN	NT CR			RMATIC	DN	BALANCE			EAR/MAKE/	
• LENDER / INSTITUTIO	JN NAME		• PI	)			ACCOUN		BER		BALANCE		TE	EAR/IVIANE/	MODEL
CITY, STATE, ZIP CODE			, co	CONTACT			CREDIT LIMIT			MONTHLY PAYMENT		IT DA	DATE OPENED		
LENDER / INSTITUTION NAME(IF MORE THAN ONE) PHONE				HONE	ACCOU			IT NUMBER			BALANCE			YEAR/MAKE/MODEL	
CITY, STATE, ZIP CODE	E		(	)	NTACT				CREDIT LIMIT	-	MONTHLY			ATE OPENE	-D
	_												Dr		
1				1							1				



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				IN	COME SOU	RCE	S							
EMPLOYER NAME				CONTACT NAME AT EMPLOYER				PHONE						
							( )			)				
GROSS MONTHLY INCOME % OF TOTAL			AL MONTHLY REVENUE	TIME	WITH EMPLOYER				TRUCK TO V	TRUCK TO WORK FOR THIS INCOME SOURCE				
\$		%		YRS	MOS				YES	NO				
OFF HIGHWAY USE?		COMMODI	TIES HAULED			HAULED BETW			WEEN WHAT P	OINTS?				
S YES														
STREET ADDRESS					C	UTY, ST	ATE, ZIP C	ODE						
EMPLOYER NAME(IF M	ORE THAN ONE)			CONTA	CT NAME AT EMPL	OYER			PHONE					
									(	( )				
GROSS MONTHLY INCOME % OF TOTA			AL MONTHLY REVENUE	TIME	WITH EMPLOYER				TRUCK TO WORK FOR THIS INCOME SOURCE			OURCE		
			0/		YRS	MOS				YES				
\$ OFF HIGHWAY USE? COMMODITIES HAU			% TIES HAULED					HAULED BET	WEEN WHAT P					
YES	NO													
STREET ADDRESS					С	UTY. ST	ATE, ZIP C	ODE						
					-		, -							
				EQUI		RCH	ASE							
IS THIS ADDITIONAL I	EQUIPMENT?	IF	YES, JUSTIFY EXPANSION (											
YES	NO													
NO. OF TRACTORS/TRI	UCKS BEFORE C		URCHASE											
# LEASED	#OWNED		WNER OPERATORS		TOTAL	A	VERAGE A	AGE OF TRAC	TOR/TRUCK FL	EET (YEARS)				
NO. OF TRAILERS BEF	ORE CURRENT P													
# LEASED	#OWNED		WNER OPERATORS		TOTAL	A	VERAGE A	AGE OF TRAIL	ER FLEET	BUSINESS T	PE?			
										SEAS	ONAL	YEAR ROUND		
											01012			
		BA	LANCE SHEET (A	TTAC	H ADDITIO	NAL	SHEE <sup>-</sup>	TS IF NE	CESSAR	()				
ASSETS (W	HAT YOU OWN)		CURRENT VALUE			LIAE	BILITIES (M	WHAT YOU OW	/ <u>E)</u>		AM	IOUNT OWING		
CASH ON HAI	ND AND IN BANK	s			A	CCOUN	TS PAYAB	LE (CURRENT	BILLS)					
VEHICLES OWNED (DESCRIPTION)						LOANS ON VEHICLES								
VEINCEECON		,		LE	NDER NAME	C	ITY/STATE	PH	IONE	ACCT NO.				
1.			\$	1							\$			
2.			\$	2							\$			
REAL ESTATE										\$				
PRIMARY RESIDENCE	OWN										÷			
			\$	MONTH	ILY PAYMENT \$						\$			
OTHER REAL ESTATE			•	MORTGAGES ON REAL ESTATE							÷			
				MORT	GAGE HOLDER		CITY/STA	ATE	PHONE	ACCT NO.				
1. \$			\$	1.							\$			
2. \$			\$	2.						\$				
OTHER ASSETS (ITEMIZE)					DITOR NAME		THER DEE	BTS (ITEMIZE) F P	HONE	ACCT NO.				
1			•					- 1	TIONE	AUUT NO.	•			
1.			\$	1.							\$			
2.			\$	2.							\$			
TOTAL ASSETS			\$						TC	TAL 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



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OTHER CREDIT REFERENCES								
INSTITUTION NAME	CITY/STATE	ACCOUNT NUMBER	ACCOUNT TYPE					