

Individual Purchaser/Lessee Statement

Type of Application: <input type="checkbox"/> Business <input type="checkbox"/> Individual		<input type="checkbox"/> New <input type="checkbox"/> Used		Salesperson's Name: _____	
Dealer Name: LONESTAR TRUCK GROUP		Dealer Phone:		Dealer Fax:	
INDIVIDUAL/PARTNERSHIP INFORMATION:					
<input type="checkbox"/> 1 st Time Buyer <input type="checkbox"/> Ownership Exp.		Number of trucks you currently:		Operate: _____ Own: _____	
Full Name:		Social Security Number:		Date of Birth:	
Home Phone Number		Pager Number		Cell Phone Number	E-Mail Address
Present Physical/Mailing Address:		City:		County:	State: _____ Zip: _____
How Long at Present Address? Years: _____ Months: _____		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives		Monthly Payment:	
Previous Address (If less than 2 years)					
Co-Buyer		Co-Buyer's SSN:		Co-Buyer's Phone Number:	
Present Physical Address:		City:		County:	State: _____ Zip: _____
Employer		Time on job		Income	
NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH YOU:					
Name					
Address	City	State		Zip	Phone
Name					
Address	City	State		Zip	Phone
CORPORATION/LEGAL ENTITY INFORMATION (If Applicable)					
Exact Legal Name of Corporation/Legal Entity:		<input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Other		Federal ID#	
Year of Organization	Principal Officer			Social Security Number	
Title	% Owned	US DOT Number		MC Number	
CURRENT EMPLOYMENT INFORMATION					
Total Years of Driving Experience		Years as Owner Operator		Years as Company Driver	
Name:		City:		State:	Phone:
Contact		Years at Current Employer		Months	Income
<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other		Other Annual Income			
		Source		Amount	
FUTURE EMPLOYMENT					
Name		City/State		Phone Number	
Contact		Monthly Miles	Monthly Revenue	Paid _____ /mile % of Gross	
Products to be Hauled		Commercial DL#		State	
PREVIOUS EMPLOYERS					
Name	City	State	Phone Number	Contact	How Long?
Name	City	State	Phone Number	Contact	How Long?
Name	City	State	Phone Number	Contact	How Long?

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Trucks/Trailers Owned Description of Collateral	Lending Institution	City/State	Phone #	Account #
Real Estate	Lending Institution	City/State	Phone #	Account #
Autos Owned	Lending Institution	City/State	Phone #	Account #
Bank Account Type	Institution	City/State	Phone #	Account #

Authorization to Release Credit Information

The undersigned certifies that: (a) all of the information contained herein or provided in connection with this Application is true and correct and accurately describes the financial condition of the Customer(s) as of the date hereof; and (b) I will notify DCFS USA LLC and Daimler Trust, and their respective successors, transferees and assigns ("Creditor") if I become aware of any material change in the financial condition of the Customer(s). I hereby authorize Creditor and/or Dealer to make inquiry into, to request, and to receive any information concerning my financial condition, including, but not limited to, obtaining a credit report and contacting any current or former creditors of Customer(s) to verify any information contained herein or received in connection with this Application, which Creditor and/or Dealer deems relevant to the possible extension of credit to Customer(s) ("Information"). I also grant any such creditors permission to release Information to Creditor and/or Dealer. I authorize Creditor to disclose Information to any affiliate, assigns or agent. I authorize Creditor to file a UCC financing statement. I have applied for a loan, lease or extension of credit from Creditor and I intend to use the purchased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. The foregoing provision shall remain in effect until Customer pays Creditor in full for all outstanding indebtedness under all loans, leases or extensions of credit (if Creditor decides to grant credit to Customer(s)).

Applicant Signature: _____

Title (if applicable): _____

Date: _____

Co-Applicant: _____

Date: _____

Title (if applicable): _____