

Business Type	Fleet Size	Customer classification	Private Traditional	Vocation
Business			<input type="radio"/> Yes <input type="radio"/> No	

Business Type _____

Partnership: General Limited
 Corporation: C S State of Inc. _____
 LLC State of Charter _____

Hauling Hazardous Materials Yes No

Primary Customer

Business _____

Legal Name: _____ Tax ID: _____ Day Phone: (____)____-____
 Address: _____ Business Start Date: _____ Fax Phone: (____)____-____
 City: _____ State: _____ E-Mail: _____ Other Phone (Cell): (____)____-____
 Zip: _____ Website: _____
 County: _____ Corporate Signature: _____

Stockholders/Members & Managers/Partners

Name	City	State	Ownership Percentage
_____	_____	_____	_____
_____	_____	_____	_____

Co-Signers/Guarantors/Co-Purchaser

Name	City	State	Type
_____	_____	_____	_____
_____	_____	_____	_____

Operating Information

Number of tractors and trucks owned/leased _____ International: _____ Trailers: _____ Other: _____
 Previously Financed Through Navistar Financial Corporation, Navistar Leasing Company, and/or Navistar Leasing Services Corporation.
 Yes No
 Experience since: _____ As Owner: _____ As Driver: _____
 Equipment Garaging Location/s: Address: _____ City: _____ State: _____
 Address: _____ City: _____ State: _____

Previously Filed For Bankruptcy? Yes No
 Previous Bankruptcy Date: _____ Type: _____
Previous Repossession? Yes No
 Previous Repossession Date: _____
 Comments: _____

Revenue Source

Current

Business Name	Materials Hauled	Start Date	Contact Name	Business Phone	Contract/Lease Type	Monthly Income	Miles/Year
_____	_____	_____	_____	(____)____-____	_____	_____	_____
_____	_____	_____	_____	(____)____-____	_____	_____	_____

Equipment Lenders

Who Financed/Leased Previous Truck/Tractor/Trailer Purchases?

Name of Lender	City	State	Acct. Number	Bal. Unpaid	Monthly Pymt.	Contact Name	Business Phone
_____	_____	_____	_____	_____	_____	_____	(____)____-____
_____	_____	_____	_____	_____	_____	_____	(____)____-____
_____	_____	_____	_____	_____	_____	_____	(____)____-____

Banking Information

Bank Name	City	State	Account Type	Account #	Contact	Business Phone	Fax
_____	_____	_____	_____	_____	_____	(____)____-____	(____)____-____
_____	_____	_____	_____	_____	_____	(____)____-____	(____)____-____

Other Additional Information

(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, NAVISTAR LEASING COMPANY, AND/OR NAVISTAR LEASING SERVICES CORPORATION 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: _____

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Signature of Guarantor: _____ Date: _____