

APPLICANT	Proposed Borrower/Lessee is: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government Name** _____ DBA (if any) _____ <small>See instructions at ** below</small>																											
	Business Address _____ City _____ State _____ Zip _____ <small>Street address - Do not use P.O. Box or APO</small>																											
	Garage Address _____ City _____ State _____ Zip _____																											
	Phone Number _____ Email _____ SS#/Federal Tax ID # _____ DOT # _____																											
	Titling State _____ Individual Applicant: Date of Birth _____ Entity Applicant: State of Formation _____ Date of Formation _____																											
	Gross Annual Revenue Over \$1 Million: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Vehicles Now Owned: Heavy Duty Trucks _____ Medium Duty Trucks _____ Trailers _____																											
	Primary Business Type _____ Years as owner-operator/ownership: _____ Years of driving experience _____ Hazmat: <input type="checkbox"/> Yes <input type="checkbox"/> No																											
OTHER APPLICANTS	Check one: <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor This party is: <input type="checkbox"/> Individual <input type="checkbox"/> An entity – type: _____ Name** _____ Relationship to Applicant: _____ <small>See instructions ** below</small> <small>Include title, if an officer/partner/member/manager</small>																											
	Address _____ City _____ State _____ Zip _____ Phone _____ Social Security/Federal Tax ID # _____ Individual: Date of Birth _____																											
	Check one a: <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor This party is: <input type="checkbox"/> Individual <input type="checkbox"/> An entity – type: _____ Name** _____ Relationship to Applicant: _____ <small>See instructions at ** below</small> <small>Include title, if an officer/partner/member/manager</small>																											
	Address _____ City _____ State _____ Zip _____ Phone _____ Social Security/Federal Tax ID # _____ Individual: Date of Birth _____																											
EQUIPMENT DETAILS	Equipment to Trade-in: Heavy/Medium Duty: _____ Truck/Tractor/Trailer/Bus/Other: _____ Body: _____ Qty: _____ Yr: _____ Make: _____ Model: _____ Lender: _____ If BMO Acct # _____ Trade Allowance: _____ Payoff: _____ Term: _____ Loan or Lease: _____																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Business</th> <th style="width: 20%;">Material Hauled</th> <th style="width: 10%;">Start Date</th> <th style="width: 20%;">Contact Name</th> <th style="width: 10%;">Phone</th> <th style="width: 10%;">Income (Mo.)</th> <th style="width: 10%;">Miles/Year</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>							Business	Material Hauled	Start Date	Contact Name	Phone	Income (Mo.)	Miles/Year	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Business	Material Hauled	Start Date	Contact Name	Phone	Income (Mo.)	Miles/Year																					
_____	_____	_____	_____	_____	_____	_____																						
_____	_____	_____	_____	_____	_____	_____																						
<small>Haul/Business references should not include yourself or your business</small>																												
FINANCING	Current or previous financing of trucks, tractors and trailers only:																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Lender</th> <th style="width: 20%;">Account #</th> <th style="width: 20%;">Contact Name</th> <th style="width: 10%;">Phone</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>							Lender	Account #	Contact Name	Phone	City	State	Zip	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Lender	Account #	Contact Name	Phone	City	State	Zip																						
_____	_____	_____	_____	_____	_____	_____																						
_____	_____	_____	_____	_____	_____	_____																						

“Applicant” means each individual or entity indicated above as a Borrower, Co-Borrower or Guarantor.

** For an individual Applicant, use full legal name (first, middle or initial, and last) exactly as it appears on a current, valid driver’s license (including hyphens, spaces and suffixes). For an Applicant that is a legal entity, use full legal name of the entity.

If the applicant has previously applied for credit or had a relationship with Navistar Financial Corporation (“NFC”), NFC may disclose to BMO Harris Bank N.A. and its affiliates, assigns or potential assigns (collectively, “BMO Harris”) information about the Applicant. This authorization applies to all information used by NFC in its extension of credit to the Applicant (“Shared Information”). Shared Information could include, but not be limited to: financial statements, credit references, credit applications and credit experience of the Applicant. This shall be a continuing Authorization for all present and future disclosures of Shared Information made by NFC to BMO Harris.

REPRESENTATIONS: By signing below, I represent and agree that (i) I am signing individually (if I am an Applicant indicated above), (ii) either I or another signer below is authorized and is signing on behalf of each entity that is an Applicant indicated above, and (iii) the information contained in this Credit Application is true, correct and complete.

The following authorizations (i) apply to this Credit Application and subsequently for purposes of extending, reviewing, updating, and collecting credit; and (ii) are granted to the dealer receiving this Credit Application (“Dealer”) and any financial institution or other potential creditor to which this application is referred (collectively with Dealer, the “Financing Sources”). A copy of these authorizations shall be valid as the original.

AUTHORIZATIONS: By signing below, I (individually and on behalf of any entity, as the case may be) hereby authorize: (i) Dealer and each other Financing Source to refer this Credit Application to, and share any credit information with, any other Financing Source; (ii) any Financing Source to request and obtain, and any credit reporting agencies, Applicants’ banks or other third parties to provide, consumer reports, background checks and credit and other information regarding any Applicant or me individually; and (iii) any Financing Source to execute and file UCC financing statements covering the Applicant’s vehicles and/or other intended and related collateral, in anticipation of approval and extension(s) of credit.

Upon your written request, a Financing Source will indicate whether such Financing Source requested a consumer report with respect to you, and provide the name and address of any consumer-reporting agency that furnished a consumer report.

Signer: X _____ Signer: X _____
 Print Name: _____ Print Name: _____
 Date: _____ Date: _____

ECOA NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant’s income derives from any public assistance, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please contact BMO Harris Bank N.A. at 300 E. John Carpenter Freeway, Suite 500, Irving, TX 75062-2712 or by calling 214-492-4464 within 60 days from the date you are notified of such denial or condition. We will send you a written statement of the reasons for denial within 30 days of receiving your request for the statement.

IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH BMO HARRIS BANK: To help the United States Government fight terrorism and money laundering, federal law requires financial institutions to obtain, verify, and record information that identifies each person who establishes a relationship with the financial institution. Therefore, for businesses, we will ask for your business name, street address and taxpayer identification number. For individuals, we will ask for your name, street address, date of birth and Social Security number. We may also ask for other identifying information and to see your driver’s license or other identifying documents. Thank you for your cooperation.