

Volvo Financial Services

FINANCING APPLICATION

Email: ooc@vfsco.com Phone: (877) 865-8623 Fax: (336) 931-4119 Contact _____

Dealer _____ Dealer Code: _____

Dealer Phone: _____ Dealer Fax: _____

Name of Borrower				Borrower is <input type="checkbox"/> Individual <input type="checkbox"/> D/B/A <input type="checkbox"/> Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Muni				
Physical Address				City		State	Zip	
Mailing Address (Check if same as physical address: <input type="checkbox"/>)				City		State	Zip	
Garaging Address (Check if same as physical address: <input type="checkbox"/>)				City		State	Zip	County
Phone		Fax		Cell Phone		Email		
Federal I.D. # or Social Security Number			Year Started: Year Incorp:		State Incorporated:		Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License #	DL Expiration Date	DL State of Issuance		Is this the most recent license issued by your state of residency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annual Sales: <input type="checkbox"/> <\$2million <input type="checkbox"/> \$2million - \$10million <input type="checkbox"/> > \$10million				Nature of Business				
Would the equipment be rented or subleased: <input type="checkbox"/> Yes <input type="checkbox"/> No				Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Contact		E-Mail or Phone		Date of Birth		
Expansion <input type="checkbox"/>	Equipment # units		Prior Bankruptcy?		Outstanding Judgments:		Tax Liens?	
Replacement <input type="checkbox"/>	Volvo: _____ Total: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Owner Name (May be Same As Borrower if Individual)			% Owned	Date of Birth	Title	Social Security Number		
Address		City		State	Zip	Phone ()		
*Owner Name/Co-Borrower/Guarantor			% Owned	Date of Birth	Title	Social Security Number		
Address		City		State	Zip	Phone ()		

*If more than 2 owners, please provide additional information on a separate page submitted with this Application.

REFERENCES

Bank Name		Account Number		Contact		Phone ()		
Check all that apply: <input type="checkbox"/> checking acct. <input type="checkbox"/> savings <input type="checkbox"/> equipment loan(s) <input type="checkbox"/> other loans/lines of credit								
Equipment Reference		Collateral		Account Number		Contact		Phone ()
Equipment Reference		Collateral		Account Number		Contact		Phone ()
1. Source of Revenue		Type of Work		How Long? ___yrs. ___mos.		Contact		Phone ()
2. Source of Revenue		Type of Work		How Long? ___yrs. ___mos.		Contact		Phone ()
Bonding Reference				Contact Name			Phone] ()	

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES VOLVO FINANCIAL SERVICES, A DIVISION OF VFS US LLC, ITS AFFILIATES, SUBSIDIARIES AND ITS SERVICE PROVIDERS ("THE VFS PARTIES") OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. THE VFS PARTIES OR PERSON TO WHOM THIS APPLICATION IS MADE MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH THE VFS PARTIES. **THE UNDERSIGNED CERTIFIES THAT THE OWNERSHIP INFORMATION PROVIDED WITH THIS APPLICATION IS ACCURATE AND COMPLETE AND THAT NEITHER THE UNDERSIGNED NOR ANY OF THE UNDERSIGNED'S DIRECT OR INDIRECT OWNERS ARE SUBJECT TO ANY PROHIBITIONS UNDER ANY REGULATION OR ORDERS OF THE U.S. DEPT. OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL. THE UNDERSIGNED AGREES THAT THE VFS PARTIES MAY PROCESS DATA AND/OR INFORMATION IN ANY COUNTRY WHERE PARTIES MAY HAVE A PRESENCE.** THE UNDERSIGNED ALSO CERTIFIES THAT THEY DO NOT ENGAGE IN ANY TRANSACTIONS PROHIBITED BY ANY U.S. LAWS. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY THE VFS PARTIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title		Date
Signature	Title		Date