

APPLICANT INFORMATION

Business Name		Business Street Address		
City	County	State	Zip	E-Mail Address
Business Phone #	Business Fax #		Cell Phone #	
Business Tax ID #	How Many Trucks Owned	Business Start Date	Year Incorporated	State Incorporated

Business Owner Name		Home Address		
City	State	Zip	Home Phone #	
Position / Title	% Owned	Social Security #		Date of Birth

Business Owner Name (If More Than One Owner)		Home Address		
City	State	Zip	Home Phone #	
Position / Title	% Owned	Social Security #		Date of Birth

CREDIT REFERENCES

Bank Name, City, State		Bank Phone #		
Truck/Equipment Creditor Name	Truck/Equipment Creditor Phone #		Account #	
Truck/Equipment Creditor Name	Truck/Equipment Creditor Phone #		Account #	

WORK SOURCE

Company Truck Will Work For	Product Hauled	Contact Name	Contact Phone #
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THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCE APPLICATION IS TRUE AND CORRECT. MCDEVITT TRUCKS, INC. MAY RECEIVE FROM AND DISCLOSE TO OTHER PERSONS, INCLUDING CREDIT REPORTING AGENCIES, INFORMATION ABOUT APPLICANT'S ACCOUNTS AND CREDIT EXPERIENCE. APPLICANT AUTHORIZES ANY PERSON TO RELEASE TO MCDEVITT TRUCKS, INC., ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE, CREDIT EXPERIENCE AND ACCOUNT INFORMATION ON APPLICANT. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY MCDEVITT TRUCKS, INC., ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

SIGNATURE

DATE