

APPLICANT INFORMATION

Name		Street Address			
City	County	State	Zip Code	E-mail Address	
Phone #		Fax #		Cell Phone #	
Social Security #	Date of Birth	Is This Your First Truck ___ Yes ___ No		If No, How many trucks do you own	
Owner Operator Experience How many years: _____	How many years with CDL: _____	Total Driver Experience How many years: _____	Describe Trucks Currently Owned:		

PREVIOUS DRIVING EXPERIENCE (2 YEARS MINIMUM)

Company Name		City	State
Phone #	How long working for company: _____ Years	Contact Name	

WORK SOURCE

Company Truck Will Work For:	Product Hauled:	How long working for this company:
Contact Name		Contact Phone #

CREDIT REFERENCES

Bank Name		City	
State	Zip Code	Bank Phone #	
Truck/Equipment Creditor Name	Truck/Equipment Creditor Phone #	Account #	
Truck/Equipment Creditor Name	Truck/Equipment Creditor Phone #	Account #	

CHOICE OF LOAN TERM

<input type="checkbox"/> 48 MONTHS	<input type="checkbox"/> 60 MONTHS	<input type="checkbox"/> 72 MONTHS	<input type="checkbox"/> 84 MONTHS
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GROSS ANNUAL REVENUE: Over \$1 Million Over \$3 Million

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