



To assist you in securing retail financing for a tractor/truck purchase

I, _____, hereby authorize

The Pete Store, Inc. and its financing partners to obtain my consumer credit report.

Signature

Date

Witness

Date

Contact Information

Baltimore, Blue Ridge and Richmond

Danyl Filos
Fax: (443) 524-1124
Phone: (410) 342-3400
danyl@thepetestore.com

Greenville, Knoxville, & Lookout Mountain

Cindie Miller
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PERSONAL INFORMATION

DATE OF APPLICATION	JOINT APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	NUMBER OF DEPENDENTS
NAME (FIRST, MIDDLE INITIAL, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS - PHYSICAL		CITY, STATE, ZIP CODE	TIME AT ADDRESS? YRS MOS <input type="checkbox"/> OWN <input type="checkbox"/> RENT MONTHLY PAYMENT _____
HOME PHONE ()	CELLULAR PHONE ()	PAGER ()	EMAIL ADDRESS
PREVIOUS ADDRESS (IF LESS THAN FIVE YEARS AT CURRENT ADDRESS)		CITY, STATE, ZIP CODE	HOW LONG? YRS MOS
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)	PHONE NUMBER	RELATIONSHIP TO YOU
COMPLETE THE FOLLOWING SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE.			
SPOUSE'S NAME (FIRST, MIDDLE INITIAL, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE'S EMPLOYER	POSITION HELD	WORK PHONE ()	HOW LONG? YRS MOS

TO EXPEDITE PROCESSING, PLEASE COMPLETE THE FOLLOWING SECTIONS:

BUSINESS/ EMPLOYMENT INFORMATION

CONTRACT TO BE IN BUSINESS NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS NAME	BUSINESS TAX ID NUMBER	NUMBER OF YEARS IN BUSINESS/TIME EMPLOYED
ADDRESS		CITY, STATE, ZIP CODE	WORK NUMBER () FAX NUMBER ()
FIRST TIME OWNER OPERATOR? <input type="checkbox"/> YES - YEARS EXPERIENCE AS A DRIVER: _____ <input type="checkbox"/> NO- YEARS EXPERIENCE AS AN OWNER OPERATOR: _____			
PREVIOUS EMPLOYER IF LESS THAN 5 YEARS AT CURRENT EMPLOYMENT			

HAULING REFERENCES/ MAJOR CUSTOMERS

TRUCK TO WORK FOR (PRIMARY REVENUE SOURCE)	PHONE ()	CONTACT	ADDRESS (INCLUDING CITY, STATE, ZIP CODE)
HAULING BETWEEN WHAT POINTS	MONTHLY GROSS INCOME	COMMODITY HAULED	OFF-HIGHWAY USE <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE LEASED TO A FLEET, PLEASE LIST NAME		PHONE ()	CONTACT
ADDRESS OF FLEET HEADQUARTERS (INCLUDING CITY, STATE, ZIP CODE)			
PURCHASER TO DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PROVIDE INFORMATION ON PERSON WHO WILL DRIVE TRUCK	DRIVER'S NAME	ADDRESS (INCLUDING CITY, STATE, ZIP CODE)
YEARS OF EXPERIENCE	SOCIAL SECURITY NUMBER	HOME NUMBER ()	PAGER/ MOBILE NUMBER ()

PRIOR TRUCK AND TRAILER PURCHASES

IS THIS YOUR FIRST TRUCK/TRAILER PURCHASE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IS THIS PURCHASE A: <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITION	HAVE YOU EVER FINANCED A TRUCK/TRAILER? <input type="checkbox"/> NO <input type="checkbox"/> YES - PLEASE LIST BELOW	
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER ()	DATE FINANCED
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER ()	DATE FINANCED
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER ()	DATE FINANCED

HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES- EXPLAIN BELOW	ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES- EXPLAIN BELOW	HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES- EXPLAIN BELOW
EXPLANATION:		

BALANCE SHEET (ATTACH ADDITIONAL SHEETS IF NECESSARY)

ASSETS (WHAT YOU OWN)		LIABILITIES (WHAT YOU OWE)	
CASH ON HAND AND IN BANKS		ACCOUNTS PAYABLE	
VEHICLES OWNED			
		LOANS ON VEHICLES	
		COMPANY CITY/STATE PHONE NO. ACCT NO.	
REAL ESTATE <input type="checkbox"/> OWN <input type="checkbox"/> RENT		MORTGAGES ON REAL ESTATE	
		COMPANY CITY/STATE PHONE NO. ACCT NO.	
MONTHLY PAYMENT _____			
OTHER ASSETS (ITEMIZE)		OTHER DEBTS (ITEMIZE)	
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

INCOME STATEMENT				
TIME PERIOD: FROM - TO	GROSS TRUCKING INCOME	OTHER INCOME	DEDUCTIONS & EXPENSES	OPERATING PROFIT
	+	-	=	

BANK REFERENCE			
BANK NAME	CITY/STATE	ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

INSURANCE INFORMATION		
FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED		
NAME OF AGENT	ADDRESS	PHONE NO.
NAME OF COMPANY	ADDRESS	COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTION? <input type="checkbox"/> NO <input type="checkbox"/> YES- RADIUS:

For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition of the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes PFC to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which PFC deems relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided.

I further represent that neither the undersigned, any principal officer of the undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband; and no such person has been convicted of any felony.

I understand that PACCAR Financial Corp., and/or Seller of motor vehicle, parts or services to whom this application is presented, will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

DEALER NAME:

SELLING PRICE		CONTRACT RATE	ESTIMATED PAYMENT AMOUNT \$	
TRADE IN ALLOWANCE			COLLATERAL	
AMOUNT OWING	-	<input type="checkbox"/> CONV <input type="checkbox"/> COE YEAR	MAKE	MODEL
NET ALLOWANCE	=	VEHICLE IDENTIFICATION NUMBER		ENGINE
CASH	+	TRANSMISSION	SUSPENSION	WHEELBASE
TOTAL DOWN				
AMOUNT TO FINANCE		SLEEPER	OTHER	
TRADE IN: YEAR MAKE				
MODEL VALUE OF TRADE				