

NAVISTAR FINANCIAL CORPORATION TRUCK PURCHASER CREDIT APPLICATION

NAME OF INDIVIDUAL, PARTNERSHIP OR CORPORATION		ADDRESS		RES. PHONE NO.
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	BUSINESS ADDRESS			BUS. PHONE NO.
	TYPE OF BUSINESS		HAVE YOU EVER FINANCED WITH NAVISTAR FINANCIAL CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IF INDIVIDUAL: COMPLETE THIS SECTION, OTHERWISE PROCEED TO TRADE REFERENCES SECTION

DATE OF BIRTH:	MARITAL STATUS: <input type="checkbox"/> MARRIED	<input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	NO. OF DEPENDENTS	FORMER RESIDENCE	OWN HOME YES <input type="checkbox"/> NO <input type="checkbox"/>
DRIVERS LICENCE/CDL NO.	EXPIRES:	STATE:	SOCIAL SECURITY NO./TX ID		
NEAREST RELATIVE NOT LIVING WITH ME:		NAME	ADDRESS	PHONE NO.	
NAME OF EMPLOYER:		ADDRESS	PHONE #	POSITION	NO. OF YRS. SALARY \$
SPOUSE EMPLOYED BY:		ADDRESS		POSITION	NO. OF YRS. SALARY \$
OTHER INCOME: \$		SOURCE OF OTHER INCOME			
INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.					

TRADE REFERENCES			
WHO FINANCED PREVIOUS TRUCK OR AUTO PURCHASES? NAMES AND ADDRESSES		WITH WHOM DO YOU HAVE OPEN ACCOUNTS FOR GAS, TIRES, ETC.? NAMES AND ADDRESSES	
BANK WITH (NAME AND ADDRESS)		PHONE	ACCT. NUMBER PERSON TO CONTACT

LIST BELOW LOAN OR INSTALMENT OBLIGATIONS NOW OWING (IF NONE STATE "NONE")			
OWED TO	ADDRESS	BALANCE UNPAID	AMOUNT MONTHLY PAYMENT
		\$	\$
	ACC. #	\$	\$
	ACC. #	\$	\$
	ACC. #	\$	\$
	ACC. #	\$	\$
	ACC. #	\$	\$
TOTAL OF ALL CONTRACTED MONTHLY INSTALMENTS ON ABOVE			\$

TAKEN BANKRUPTCY? YES NO DATE _____ TYPE _____ GOODS REPOSSESSED? YES NO VOLUNTARY DATE _____ BY WHOM _____
 DESCRIBE CIRCUMSTANCES _____

REAL ESTATE					
DESCRIPTION	LOCATION	TITLE IN NAME OF	PRESENT VALUE	MORTGAGES	MORTGAGES HELD BY
			\$	\$	
			\$	\$	

INFORMATION ON AUTOMOTIVE INSURANCE IF NOT PROVIDED FOR THROUGH COMPANY FINANCE PLAN			
TYPE OF COVERAGE	NAME OF INSURANCE CO.	POLICY NO.	AMOUNT
<input type="checkbox"/> FIRE AND THEFT			
<input type="checkbox"/> COLLISION			
<input type="checkbox"/> PUBLIC LIABILITY & PROPERTY DAMAGE			

AVG. MONTHLY MILES DRIVEN: _____	PRODUCTS HAULED: _____	YEARS OF EXPERIENCE: AS OWNER _____ AS DRIVER _____
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GROSS REVENUE LAST FISCAL YEAR	UNDER \$1.0 MILLION <input type="checkbox"/>	OWNERSHIP EXPERIENCE:
	OVER \$1.0 MILLION <input type="checkbox"/>	PREVIOUSLY OWNED NAVISTAR: _____ OTHER _____ TRAILERS _____

REVENUE BASED ON:	CURRENTLY OWNED NAVISTAR: _____ OTHER _____ TRAILERS _____
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\$ _____ PER MILE :	_____ % OF REVENUE :	\$ _____ PER LOAD :	_____ OTHER (DESCRIBE) _____
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CONTRACT/LEASE WITH: _____	PHONE NUMBER _____	PERSON TO CONTACT _____
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TYPE OF CONTRACT/LEASE CONTRACTOR AGREEMENT <input type="checkbox"/> TRIP LEASE <input type="checkbox"/>	DATE OF CONTRACT _____	CONTRACT EXPIRATION DATE _____
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PREVIOUS CONTRACT/LEASE WITH: _____	PHONE NUMBER _____	PERSON TO CONTACT _____	REASON FOR CHANGE _____
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COMPLETE THIS SECTION IF THE TRUCK IS TO BE OPERATED BY HIRED DRIVER:

DRIVER NAME: _____ SOC. SEC. # _____ DRIVER LIC. # _____ STATE _____

YEARS EXPERIENCE: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

USE THIS SPACE FOR ADDITIONAL COMMENTS:

I (WE) ACKNOWLEDGE RECEIPT OF NOTICE IN COMPLIANCE WITH THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT IF APPLICABLE. THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE, ACCURATE AND TRUTHFUL.

THIS APPLICATION IS GIVEN FOR YOUR SOLE USE AND INFORMATION, AND IS NOT TO BE DIVULGED TO OR USED BY ANYONE ELSE PROVIDED, HOWEVER, THAT THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE NAMED BANK(S), TRADE AND/OR OTHER CREDIT REFERENCE(S) TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH YOU OR YOUR COMPANY.

I (WE) FURTHER REPRESENT THAT SAID TRUCK SHALL NOT BE USED FOR ANY UNLAWFUL PURPOSE.

(IF INDIVIDUAL)

SIGNED: _____

(IF PARTNERSHIP OR CORPORATION)

NAME: _____

BY: _____

TITLE: _____

SELLER _____ DATE _____

DEALER OR SALESMAN (SIGNATURE) _____