

NO.	EXPIRES:	STATE:			
NEAREST RELATIVE NOT LIVING WITH ME:		NAME	ADDRESS	PHONE NO.	
NAME OF EMPLOYER:		ADDRESS	PHONE NO.	POSITION	NO. OF YRS. SALARY \$
SPOUSE EMPLOYED BY:		ADDRESS	PHONE NO.	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 INSTALLMENT OBLIGATIONS NOW OWING (IF NONE STATE "NONE")			
OWED TO	ADDRESS	BALANCE UNPAID	AMOUNT MONTHLY PAYMENT
		\$            \$	
	ACC.#	\$            \$	
		\$            \$	
	ACC.#	\$            \$	
		\$            \$	
	ACC.#	\$            \$	
TOTAL OF ALL CONTRACTED MONTHLY INSTALLMENTS ON ABOVE			\$

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

LIST BELOW LOAN OR INSTALLMENT OBLIGATIONS NOW OWING (IF NONE STATE "NONE")					
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
FIRE AND THEFT			
COLLISION			
PUBLIC LIABILITY & PROPERTY DAMAGE			

CUSTOMER BANK AUTHORIZATION	
DATE _____	
TO: _____	
BANK _____	PHONE # _____
ADDRESS _____	
OFFICER NAME _____	
THIS WILL AUTHORIZE YOU TO FURNISH THE BELOW REQUESTED INFORMATION CONCERNING MY ACCOUNT(S) TO NAVISTAR FINANCIAL CORPORATION.	
CHECKING ACCT # _____	
LOAN ACCT # _____	
SAVINGS ACCT # _____	
MONEY MARKET # _____	
	CUSTOMER SIGNATURE _____
	ADDRESS _____

AVG. MONTHLY MILES DRIVEN: \_\_\_\_\_ PRODUCTS HAULED: \_\_\_\_\_ YEARS OF EXPERIENCE:  
 AS OWNER \_\_\_\_\_  
 AS DRIVER \_\_\_\_\_

GROSS REVENUE LAST FISCAL YEAR UNDER \$1.0 MILLION  OWNERSHIP EXPERIENCE:  
 OVER \$1.0 MILLION  PREVIOUSLY OWNED NAVISTAR: \_\_\_\_\_ OTHER \_\_\_\_\_ TRAILERS \_\_\_\_\_  
 REVENUE BASED ON: CURRENTLY OWNED NAVISTAR: \_\_\_\_\_ OTHER \_\_\_\_\_ TRAILERS \_\_\_\_\_

\$ \_\_\_\_\_ PER MILE : \_\_\_\_\_ % OF REVENUE : \$ \_\_\_\_\_ PER LOAD : \_\_\_\_\_ OTHER (DESCRIBE) \_\_\_\_\_

CONTRACT/LEASE WITH: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_

TYPE OF CONTRACT/LEASE CONTRACTOR AGREEMENT  TRIP LEASE  DATE OF CONTRACT \_\_\_\_\_ CONTACT EXPIRATION DATE \_\_\_\_\_

PREVIOUS CONTRACT/LEASE WITH: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_ REASON FOR CHANGE \_\_\_\_\_

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

*(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 COMPLETELY 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) WILL RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH YOU OR YOUR COMPANY.*  
*(WE) FURTHER REPRESENT THAT SAID TRUCK SHALL NOT BE USED FOR ANY UNLAWFUL PURPOSE.*

(IF INDIVIDUAL)  
 SIGNED: \_\_\_\_\_  
 \_\_\_\_\_  
 SELLER \_\_\_\_\_ DATE \_\_\_\_\_ (IF PARTNERSHIP OR CORPORATION)  
 NAME: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 DEALER OR SALESMAN (SIGNATURE) \_\_\_\_\_ TITLE: \_\_\_\_\_

**TO BE COMPLETED BY DEALER**

DESCRIPTION OF TRUCK		SALES ANALYSIS		FOR SPECIAL HANDLING PLEASE ADVISE TIME AND DATE A DECISION IS DESIRED.  TIME _____ AM _____ PM  DATE _____
<input type="checkbox"/> NEW	<input type="checkbox"/> CAB OVER	SALE PRICE	\$ _____	
<input type="checkbox"/> USED	<input type="checkbox"/> CONVENTIONAL	F.E.T.	\$ _____	
_____ YEAR	_____ MANUFACTURER	TRADE ALLOWANCE	\$ _____	
_____ MODEL	_____ DESCRIPTION	TRADE PAYOFF	\$ _____	
_____ ENGINE	_____ TRANSMISSION	CASH DOWN PAYMENT	\$ _____	
DESCRIPTION OF TRADE		OTHER TAXES, LICENSE, ETC.	\$ _____	
_____ YEAR	_____ MODEL	COST OF INSURANCE INCLUDED IN CONTRACT	\$ _____	
_____ MAKE		BALANCE TO FINANCE	\$ _____	
FINANCED BY: _____		PAYMENTS # _____	\$ _____	
		NUMBER	DOLLAR AMOUNT	
			ESTIMATED DELIVERY DATE _____	