

DaimlerChrysler Financial Services Americas LLC Individual Purchaser/Lessee Statement

Type of Application: <input type="checkbox"/> Business <input type="checkbox"/> Individual		<input type="checkbox"/> New <input type="checkbox"/> Used	Salesperson's Name: _____		
Dealer Name:		Dealer Phone:		Dealer Fax:	
INDIVIDUAL/PARTNERSHIP INFORMATION:					
<input type="checkbox"/> 1 st Time Buyer <input type="checkbox"/> Ownership Exp.		Number of trucks you currently:		Operate:	Own:
Full Name:		Social Security Number:		Date of Birth:	
Home Phone Number	Pager Number		Cell Phone Number	E-Mail Address	
Present Physical/Mailing Address:	City:		County:	State:	Zip:
How Long at Present Address? Years: Months:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives		Monthly Payment:		
Previous Address (If less than 2 years)					
Co-Buyer		Co-Buyer's SSN:		Co-Buyer's Phone Number:	
Present Physical Address:		City:		County:	State: Zip:
Employer		Time on job		Income	
NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH YOU:					
Name					
Address	City		State	Zip	Phone
Name					
Address	City		State	Zip	Phone
CORPORATION/LEGAL ENTITY INFORMATION (If Applicable)					
Exact Legal Name of Corporation/Legal Entity:		<input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Other		Federal ID#	
Year of Organization	Principal Officer			Social Security Number	
Title	% Owned	US DOT Number		MC Number	
CURRENT EMPLOYMENT INFORMATION					
Total Years of Driving Experience		Years as Owner Operator		Years as Company Driver	
Name:		City:		State:	Phone:
Contact		Years at Current Employer		Months	Income
<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other			Other Annual Income		
			Source	Amount	
FUTURE EMPLOYMENT					
Name		City/State		Phone Number	
Contact		Monthly Miles	Monthly Revenue	Paid /mile % of Gross	
Products to be Hauled		Commercial DL#		State	
PREVIOUS EMPLOYERS					
Name	City	State	Phone Number	Contact	How Long?
Name	City	State	Phone Number	Contact	How Long?
Name	City	State	Phone Number	Contact	How Long?
Trucks/Trailers Owned Description of Collateral		Lending Institution	City/State	Phone #	Account #

