| TRUCK OR TRAILER   | ****                   | PLE/           | ASE PRINT O                             |               |                                       |               | CREDIT APPLICATION      |  |
|--|------------------------|----------------|---|---------------|---------------------------------------|---------------|-------------------------|--|
|  |                        |                | *************************************** | L INFORMA     |                                       |               |                         |  |
| DATE OF APPLICATION  | 1                      | PELICATION     | MARITAL ST.                             | _             |                                       | IARRIED       | NUMBER OF DEPENDENTS    |  |
| MANUE (EUROW AND DATE ( A COT)   | YEŞ                    | NO             |   | DSEPAR        |                                       | /ORCED        |                         |  |
| NAME (FIRST, MIDDLE, LAST)   |                        |                | SOCIAL SEC                              | URITY NUMBE   | .R                                    |               | DATE OF BIRTH           |  |
| ADDRESS-PHYSICAL   |                        | CITY, STATE    | , ZIP CODE                              |               | TIME AT ADI                           | DRESS?        | OWN RENT                |  |
|  |                        |                |   |               | YRS.                                  | MOS.          | MONTHLY PAYMENT         |  |
| HOME PHONE   | CELLULAR P             | HONE           |   | PAGER         | 1.                                    |               | EMAIL ADDRESS           |  |
| ( )  | ( )                    |                |   | l( )          |                                       |               |                         |  |
| PREVIOUS ADDRESS (IF LESS THAN FIVE                                      | YEARS AT C             | URRENT ADDF    | RESS)                                   | CITY, STATE   | , ZIP CODE                            |               | HOW LONG?               |  |
|  |                        |                |   | İ             |                                       |               | YRS. MOS.               |  |
| NEAREST RELATIVE NOT LIVING WITH YOU                                     | ADDRESS (IN            | CLUDING CIT    | Y, STATE, AND                           | ZIP CODE      | PHONE NUM                             | BER           | RELATIONSHIP TO YOU     |  |
|  |                        |                |   |               |                                       |               |                         |  |
| COMPLETE THE FOLLOWING SECTION O   |                        |                |   |               |                                       |               |                         |  |
| OR ASSETS AS A BASIS FOR REPAYMEN  |                        | EDIT REQUEST   | TED, OR IF YO                           | U RESIDE IN A | COMMUNITY                             | PROPERTY S    | TATE                    |  |
| SPOUSE'S NAME (FIRST, MIDDLE INITIAL,                                    | LAST)                  |                | SOCIAL SEC                              | URITY NUMBE   | R                                     |               | DATE OF BIRTH           |  |
|  |                        |                |   |               |                                       |               |                         |  |
| SPOUSE'S EMPLOYER  | POSITION HE            | LD             | WORK PHON                               | E             |                                       |               | HOW LONG                |  |
|  |                        |                |   |               |                                       |               | YRS. MOS.               |  |
| TO EXPEDITE PROCESSING, PL   | EASE COMPLE            |                |   |               |                                       |               |                         |  |
|  | ·                      |                | EMPLOYMEN                               | IT INFORMA    |                                       |               |                         |  |
| CONTRACT TO BE IN  | BUSINESS N             | AME            |   | BUSINESS TA   | XX ID NUMBER                          | 1             | YEARS IN BUSINESS/ TIME |  |
| BUSINESS NAMEYESNO   |                        |                |   |               |                                       | EMPLOYED      |                         |  |
| ADDRESS  |                        | CITY, STATE,   | , ZIP CODE                              |               | WORK NUME                             | BER           | FAX NUMBER              |  |
| FIDEL TIME OWNED OPERATORS   |                        | <u> </u>       | ····                                    |               | ( )                                   |               | [( )                    |  |
| FIRST TIME OWNER OPERATOR?   | -0                     | NO             | VEADO EVDE                              | DIENOE AD O   | 1/1/CD ODED 1                         | TOD           |                         |  |
| YES - YEARS EXPERIENCE AS A DRIVE<br>PREVIOUS EMPLOYER IF LESS THAN 5 YE |                        |                |   | RIENCE AS O   | WNEH OPEKA                            | TOR           |                         |  |
| FREVIOUS EMPLOTER IF LESS TRANS TE                                       | ANS AT COM             | NEWI EMPLOT    | MEM                                     |               |                                       |               |                         |  |
|  |                        |                |   |               | <del></del>                           |               |                         |  |
|  | ш                      | ALILING DEE    | EDENCES/M                               | AJOR CUSTO    |                                       |               |                         |  |
| TRUCK TO WORK FOR (PRIMARY REVENU  |                        |                | CONTACT                                 | AJUN CUSIC    |                                       | ICLUDING CIT  | Y, STATE, ZIP CODE)     |  |
|  | 3E 00002,              | ( )            |   |               | Probling (iii                         | OLODING ON    | 1,017.12,211 0002)      |  |
| HAULING BETWEEN WHAT POINTS  |                        | 1,,            | MONTHLY GF                              | ROSS INCOME   | COMMODITY                             | HAULED        | JOFF-HIGHWAY USE        |  |
|  |                        |                |   |               |                                       |               | YES NO                  |  |
| IF YOU ARE LEASED TO A FLEET, PLEASE                                     | LIST NAME              |                | <u> </u>                                | PHONE         |                                       | CONTACT       |                         |  |
|  |                        |                |   | ( )           |                                       |               |                         |  |
| ADDRESS OF FLEET HEADQUARTERS (IN  | CLUDING CITY           | Y, STATE ZIP C | CODE)                                   | <u> </u>      |                                       |               |                         |  |
|  |                        |                |   |               |                                       |               |                         |  |
| PURCHASER TO DRIVE? IF NO. PROVIDE IN PERSON WHO WILL                    |                        | DRIVERS NAM    | ИE                                      |               | ADDRESS (IN                           | CLUDING CIT   | Y, STATE, ZIP CODE)     |  |
| YESNO  | L DRIVE I RUCK         |                |   |               |                                       |               |                         |  |
| YEARS OF EXPERIENCE   SOCIAL SECURITY NUMBE                              |                        | 3              | HOME NUMBE                              | ≣R            |                                       | PAGER/MOB     | L NUMBER                |  |
|  |                        |                | ( )                                     |               |                                       | ( )           |                         |  |
|  |                        | PRIOR TRUC     | K AND TRAI                              | LER PURCHA    | ASES                                  | •             |                         |  |
| IS THIS YOUR FIRST TRUCK/TRAILER PURCHAS                                 | E?                     | IS PURCHASE A  | A:                                      |               | HAVE YOU EVE                          | R FINANCED A  | TRUCK/TRAILER?          |  |
| NOYES  |                        | REPLACEMENTAI  |   | DOITION       | NO .                                  | YES - PLEA    | ASE LIST BELOW          |  |
| YEAR, MAKE, MODEL  | FINANCED BY            | <i>,</i>       |   | PHONE NUME    | BER                                   | DATE FINANC   | CED                     |  |
|  |                        |                |   | ( )           |                                       |               |                         |  |
| YEAR, MAKE, MODEL  | FINANCED BY            | ′              | ~~~                                     | PHONE NUME    | BER                                   | DATE FINANC   | CED                     |  |
|  |                        |                |   | ( )           |                                       |               |                         |  |
| YEAR, MAKE, MODEL FINANCED BY  |                        | ,              |   | PHONE NUMBER  |                                       | DATE FINANC   | CED                     |  |
| İ  |                        |                |   | ( )           |                                       |               |                         |  |
|  |                        |                |   |               | ·                                     | •             |                         |  |
| HAVE YOU EVER FILED BANKRUPTCY?  | ARE YOU A DE           | ENDANT IN ANY  | LEGAL ACTION                            | 1?            | HAVE YOU EVE                          | R HAD ANY ITE | M REPOSSESSED?          |  |
| NOYES-EXPLAIN BELOW  | _YES - EXPLAIN BELOWNO |                |   |               | YES - EXPL                            | AIN BELOW     |                         |  |
| EXPLANATION:   |                        |                |   |               | · · · · · · · · · · · · · · · · · · · | <del></del>   |                         |  |
|  |                        |                |   |               |                                       |               |                         |  |

\_\_Trailers\_\_\_

|   | BALANCE   | CHEET (AT  | TACH   | ADDITIO  | UAL CHE  | ETC   | IE NEO   | FCCADIA  |  |  |   |
|---|---|--|--|--|--|---|--|--|--|--|---|
| ASSETS (WHAT YOU OWN)   | DALAITCE  | LIABILITIE   |  |  |  | E13   | IF NEC   | ESSART)  |  |  |   |
| CASH ON HAND AND IN BANKS   |   | ACCOUNTS   |  |  | YC)  |   | ····   |  |  |  |   |
| VEHICLES OWNED  |   | ACCOUNT  | ,,,,,  |  | ·  |   |  |  |  |  |   |
| 72.1.02.20 0111120  |   | LOANS ON VE  | ICLES  |  |  |   |  |  |  |  |   |
|   |   | COMPANY  |  | ITY/STATE  | PHO  | ONE   | A  | CCT. NO  |  |  |   |
|   |   |  |  |  |  |   |  |  |  |  |   |
|   |   |  |  |  |  |   |  |  |  |  |   |
| REAL ESTATEOWN  |   | MORTGAGES  | ON RE  | AL ESTATE  |  |   |  |  |  |  |   |
| RENT  |   | COMPANY  | С  | ITY/STATE  | PHO  | ONE   | А  | CCT. NO  |  |  |   |
| MONTHLY PAYMENT   |   | -  |  |  |  |   |  |  |  |  |   |
| TOTAL TATIVILIAN  |   |  |  |  |  |   |  |  |  |  |   |
|   |   |  |  |  |  |   |  |  |  |  |   |
| OTHER ASSETS (ITEMIZE)  |   | OTHER DE   | STS (IT  | EMIZE)   |  |   |  |  |  |  |   |
|   |   |  |  |  |  |   |  |  |  |  |   |
|   |   | TOTAL LIABILITIES  |  |  |  |   |  |  |  |  |   |
|   |   | NET WORTH  |  |  |  |   |  |  |  |  |   |
| TOTAL ASSETS  | \$  |  |  |  | TOTA   | L LIA   | BILITIES   | AND NET W  | ORTH   |  |   |
|   |   |  |  |  |  |   |  |  |  |  |   |
|   |   |  |  | ME STATE   |  |   |  | ·····  |  |  | *************************************** |
| TIME PERIOD: FROM-TO  | GROSS TRUC  | CKING INCON  | 1E +   | OTHER IN   | COME -   | DED   | UCTION   | S & EXPENS   | ES =   | OPERATING PROFIT   |   |
|   |   |  |  |  |  |   | ·  |  |  |  |   |
| BANK REFERENCE  |   |  |  |  |  |   |  |  |  |  |   |
| BANK NAME   | NK NAME CITY/STATE  |  |  | ľ  | ACCOUNT NUMBER   |   |  |  |  | CHECKING   |   |
|   | <b></b>   |  |  |  |  |   |  |  |  | SAVINGS  |   |
|   |   |  |  | AF 11:FA   | ******   | •   | ·  |  |  |  |   |
|   | EIDI  | INS<br>E, THEFT, CAC   |  | CE INFO  |  |   | CHIDED   |  |  |  |   |
| NAME OF AGENT   | ADDRESS   | e, Thert, CAC  | AND C  | OLLISION II  | SUHANCE  |   | HONE N   | ILIMBED  |  |  |   |
|   |   |  |  |  |  | ľ   | 110.12.110.110.11  |  |  |  |   |
| NAME OF COMPANY   | ADDRESS   |  |  |  |  | c   | OVERAG   | E TO BE SUBJ   | ECT TO   | MILEAGE RESTRICTION?   |   |
|   |   |  |  |  |  |   | NO   | YES - RADIUS:  |  |  |   |
| For the purpose of establishing and maintaining created sheets, if any, as being a full, true, and correct state materially unfavorable change in my financial condition continuing statement and substantially correct. The information concerning my character, general reputadeems relevant for the granting and collection of the upon full payment of the present borrowing, if any is I further represent that neither the undersigned, any having violated any federal or state laws relating to it understand that Kansas City Peterbit/Utility Trailer matters set forth herein as a basis for extending any | ment of my financi<br>ion of the above m<br>undersigned hereb<br>ation, personal cha<br>proposed borrowi<br>granted. Upon my<br>principal officer of<br>iquor, narcotics, or<br>Sales of Kansas C | ial condition and<br>atters, and in th<br>yr authorizes Ka<br>gracteristics, mo<br>ing. This author<br>y written reques<br>the undersigner<br>r contraband; ar<br>City (seller) of m | all above absence absence absence continued absence ab | ve matters, once of such noing Peterbilt/Uping, and all in that be effectional information person has been person | n the date singlice or of a tility Trailer Stromation from the con as to the ted operators been conversed. | tated. new are Sales com cre date i scope of any ricted c | the under,<br>nd fullwritte<br>of Kansas<br>editors which<br>upon which<br>e of this inco<br>y equipment<br>of any felon | signed agrees to a statement all<br>City to make income City to make income City<br>to this application<br>tury, if one is most<br>proposed to to<br>to the come is most<br>to the come come come come<br>to the come come come come come<br>to the come come come come come come come com | to notify y<br>I matters<br>quiry into<br>Peterbilt<br>n is signo<br>nade will i | you immediately in writing of a<br>there in may be considered as<br>to request, and to recieve at<br>/Utility Trailer Sales of Kansas<br>ed and is extinguished automa<br>be provided<br>ased has any record or reputa | any s a ny s City atically              |
| SIGNATURE   | DATE  |  |  | -<br>S   | IGNATURE   |   |  |  |  | DATE   |   |



In connection with your transaction, Kansas City Peterbilt, Inc. and/or Utility Trailer Sales of Kansas City, Inc. may acquire information about you as described in this notice, which we handle as stated in this notice.

- 1. We collect non-public personal information about you from the following sources:
  - a. Information we receive from you on applications or other forms.
  - b. Information about your transaction with us and,
  - c. Information we receive from a consumer reporting agency.
- 2. We do not disclose, nor do we reserve the right to disclose, any non-public personal information about our consumers, customers or former customers to anyone, except as permitted by law. We may disclose non-public personal information about you, as a consumer, customer or former customer, to non-affiliated third parties as permitted by law.
- 3. We restrict access to non-public personal information about you to those employees who need to know specific information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

Customer Acknowledgement: I (we) acknowledge that I (we) received a copy of this notice on the date indicated below.

| X                          | V    |  |
|----------------------------|------|--|
| Customer's Signature       | Date |  |
| X                          |      |  |
| Customer's Printed Name    |      |  |
| Co-Customer's Signature    | Date |  |
| Co-Customer's Printed Name |      |  |