

# Mack Financial Services

## FINANCING APPLICATION

Phone: (866) 281-8585 Fax: (336) 931-4119

7025 Albert Pick Rd., Suite 105  
Greensboro, NC 27409

Dealer \_\_\_\_\_ Dealer Code \_\_\_\_\_ Contact \_\_\_\_\_

### APPLICANT INFORMATION

Name of Borrower		<input type="checkbox"/> Owns home <input type="checkbox"/> Rents home	Phone ( )	
Address			Fax ( )	
City	State	Zip	County of residence	
Federal I.D. or Social Security Number		Pager ( )	Cell Phone ( )	
Borrower is (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp.		Year Started	Year Incorporated: _____ State Incorporated: _____	
Current Fleet Size No. Trucks _____ Trailers _____	Purpose <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	E-mail address		
For Owner-Operators: (Highway)	Is this your first truck purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long as an Owner-Operator? ___yrs. ___mos.	Driving experience ___yrs. ___mos.	Driver exp. if other than owner ___yrs. ___mos.
Vocational:	Years in business	1 <sup>st</sup> truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Usage: <input type="checkbox"/> Aggregate <input type="checkbox"/> Mixer <input type="checkbox"/> Dump <input type="checkbox"/> General Other _____	
1. Owner Name (May be Same As Borrower if Individual)		% Owned	Title	Social Security Number
Address		City	State	Zip
2. Owner Name		% Owned	Title	Social Security Number
Address		City	State	Zip
Nearest Relative Name & Relationship		Relative's address		Phone of relative ( )

### CREDIT REFERENCES

Bank Name		Account Number	Contact	Phone ( )
Finance Reference	Collateral	Account Number	Contact	Phone ( )
Finance Reference	Collateral	Account Number	Contact	Phone ( )
Major Trade Reference		Goods Purchased	Contact	Phone ( )
Major Trade Reference		Goods Purchased	Contact	Phone ( )

### HAULING REFERENCES / WORK SOURCES

1. Company Hauling For	Product Hauled	How Long? ___yrs. ___mos.	Contact	Phone ( )
2. Company Hauling For	Product Hauled	How Long? ___yrs. ___mos.	Contact	Phone ( )

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES MACK FINANCIAL SERVICES, A DIVISION OF VFS US LLC, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. MACK FINANCIAL SERVICES, OR PERSON TO WHOM THIS APPLICATION IS MADE, MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH MACK FINANCIAL SERVICES. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY MACK FINANCIAL SERVICES, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
Signature	Title	Date

**ASSETS (What is Owned)**

**LIABILITIES (What is Owed)**

Cash On Hand			Value	Accounts Payable (Include Credit Cards, Fuel Bills, Etc.)				Amount Owed
Bank	City, State	Acct. No.		Company	City, State	Acct. No.	Phone No.	
		Checking						
		Savings						
Accounts Receivable (List Who From):								
Real Estate (Describe):				Financed By:				
				Name	City, State	Contact	Phone No.	Pmt. Amt.
Trucks Owned (Describe):								
Trailers Owned (Describe):								
Other Equipment (Describe):								
Other Assets (Describe):								

TOTAL ASSETS \$ \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

Have You Filed Bankruptcy in Last 10 Years? Yes \_\_\_ No \_\_\_ If Yes, When \_\_\_\_\_

Any Lien Or Judgments? Yes \_\_\_ No \_\_\_ If Yes, Explain Below \_\_\_\_\_

Signature: \_\_\_\_\_

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Signature	Title	Date
Signature	Title	Date

# Mack Financial Services

# Dealer Submittal

(Submit with Application)

**Dealer Name:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## AMOUNTS AND TERMS REQUESTED

CASH PRICE:		\$	DELIVERY DATE:	
TRADE-IN:	\$		<input type="checkbox"/> LOAN <input type="checkbox"/> LEASE (Check One)	
AMOUNT OWING:	\$		TERM (No. of Mos.)	
NET TRADE	\$		FACTOR (%) OR PMT. AMOUNT (\$)	
CASH DOWN PAYMENT:	\$		RESIDUAL OR BALLOON AMOUNT	
TOTAL DOWN PAYMENT:		\$	NUMBER OF ADVANCE PAYMENTS	
AMOUNT TO FINANCE			RATE REQUESTED	

## EQUIPMENT PURCHASE INFORMATION (Please attach additional sheets for additional specs.)

<input type="checkbox"/> New <input type="checkbox"/> Used	Quantity	Year	Make	Model	Body Style (type)	Serial Number
Mileage	Engine Make/Model	H.P.	Transmission	Sleeper	Special Programs	

Is Body Included?  no  yes If yes, please complete below

### Body Information (Please Attach MFG Invoices)

Make:	
Manufacturer:	

Type	Size (yd/ft)	Comments
Van		
Flat Bed		
Dump <input type="checkbox"/> steel <input type="checkbox"/> alum.		
Refuse		
Crane		
Other (describe)		
Axle Configuration: <input type="checkbox"/> Tandem <input type="checkbox"/> Tri <input type="checkbox"/> Quad		Wheels: <input type="checkbox"/> alum # _____ <input type="checkbox"/> steel # _____
Front Axle lbs.:		Rear Axle lbs.:

Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_