

CSM Financial, LLC - Credit Application

| CUSTOMER INFORMATION – BUYER | | | |
|--|--------------------------|----------------------------|------------------------|
| Date * | Buyer Name * | Individual or Business? * | Doing Business As |
| Date of Birth * | Social Security Number * | | Number of Dependents * |
| Street Address * | | | |
| Time at Current Address * | Homeowner (Y/N) * | Monthly REMT/PMT * | County * |
| Business Phone * | Mobile Phone * | | Email Address * |
| Business Legal Name | Tax ID/FEIN | State of Organization | Date of Organization |
| Business Address (If different from above) | | | |
| CSM Dealership * | | CSM Sales Representative * | |

| TRUCK OWNER & USAGE | | | |
|---------------------------------|-----------------------------------|--------------------------------------|---------------------------------------|
| Applicant To Drive Purchase? * | First Time Owner/Operator (Y/N) * | Truck Driving Experience (Yrs/Mos) * | Owner/Operator Experience (Yrs/Mos) * |
| Commercial Driver's License # * | Issue State * | | Issue Date * |
| Trucks Presently Owned * | Average Annual Miles * | Commodities Hauled * | Replacement or Addition * |
| Carrier To Work For? | Contact Name | | Phone Number |
| State of Titling * | | Off-Highway Use? (Y/N) * | |
| Between What Points? | Revenue Per Mile | | Trailers Owned |

* = Required Field

INCOME SOURCES / DRIVING HISTORY (5 YEARS)

Previous Employers

| | Employer Name * | Contact Name * | Phone * | Position * | How Long? * |
|---|-----------------|----------------|---------|------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

FINANCIAL DISCLOSURES

| | | | |
|--|--|-------------------------------|--------------------------|
| Ever Taken Bankruptcy? * | Are You A Defendant In Any Legal Action? * | Ever Had Items Repossessed? * | Any Accounts Past Due? * |
| If Answered Yes (Above), Please Explain (Attach Documents if Needed) | | | |
| Nearest Relative (Not Same Household) * | Relationship * | Relative Phone Number * | |
| Relative Address * | | | |

* = Required Field



CUSTOMER PRINCIPALS

| | Name | Ownership % | Title | Number of Years | Involved in Mgmt? |
|---|------|-------------|-------|-----------------|--|
| 1 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

GUARANTORS

| | Name / Address | Social Security or Tax ID Number |
|---|----------------|----------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |

**BANKING, TRUCK FINANCING, REAL ESTATE, & OTHER
INSTALLMENT CREDIT INFORMATION**

Lenders / Institutions

| | Name | Phone | Account # | Balance | Year/Make/Model |
|---|------|-------|-----------|---------|-----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

* = Required Field

| EQUIPMENT PURCHASE | | | | |
|------------------------------------|----------------------------|---------------------|--------------------------------|------------------------------------|
| Year | Make | Model | VIN or Stock # | Purchase Price |
| Cash Down Payment Available | | New or Used? | Monthly Payment Desired | Length of Financing Desired |
| Trade In? | Year / Make / Model | Trade Value | Balanced Owed | |

| EXTENDED WARRANTY & INSURANCE |
|---|
| <p>Some warranty and protection programs may be included in your financing. Please check the products you would like a quotation for:</p> <p style="text-align: center;"> <input type="checkbox"/> Guaranteed Asset Protection (GAP) <input type="checkbox"/> Extended Warranty <input type="checkbox"/> Physical Damage Coverage <input type="checkbox"/> Non-Trucking Liability Coverage </p> |

SIGNATURE

For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition of the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes CSM Financial, LLC and its assigns or nominees to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which CSM Financial, LLC and its assigns or nominees deems relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and/or transmitted via electronic means to CSM Financial, LLC, and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided. I further represent that neither the undersigned, any principal officer of the undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband, and no such person has been convicted of any felony. I understand that CSM Financial, LLC and its assigns or nominees, and/or Seller of motor vehicle, parts or services to whom this application is presented, will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.

Signature *

Date: *

* = Required Field