

Truck Purchase (Fill out sections 1-5 & 7)

Open Account (Fill out sections 1, 2, 4, 5, 6, & 8)

□ Carolina Idealease (Fill out sections 1, 2, 4, 5, & 8)

| Com  | pany/Owner Name:  | Trades                | tyle/DBA:            |            |      |           |
|--|---|-----------------------|----------------------|------------|------|-----------|
|  | sical Address:  | City:                 | State:               |            | ZIP: |           |
| Busi   | ness Phone: Cell Phone:   |                       |                      | County:    |      |           |
| Stat   | Il Entity:  Corporation  Partnership  Sole Proprietor  Date of Birth (Individual) or Establ Ount of Credit Requesting: Email: | ished (Busines        | s):                  |            |      | - N       |
| Sale   | s Tax Exempt #: Federal Tax ID/SS #:<br>ck box if mailing address same as above:  |                       |                      | ed?: □ Yes | □ No |           |
|  | ing Address:  | City:                 | State:               |            | ZIP: |           |
|  | e you or your company ever declared bankruptcy?  Yes No   |                       |                      |            |      |           |
|  | there any outstanding liens or judgments?  Yes No If Yes  |                       |                      |            |      |           |
|  | ck box if same as above: $\Box$   |                       |                      |            |      |           |
|  | Name:   |                       |                      |            |      |           |
| Auu  | ress:   |                       | State:               |            |      |           |
| Ema<br>Ema   | all:  | _ % of Compa          | ny Ownership:        |            |      |           |
| <b>√</b>   | ck box if same as above: $\Box$   |                       |                      |            |      |           |
| -<br>Full  | Name:   |                       |                      |            |      |           |
| Add  | ress:   |                       | State:               |            |      |           |
| Ema  | il:   | _ % of Compa          | ny Ownership:        |            |      |           |
| Ц  | II out this section if applying for Truck Financing   |                       |                      |            |      |           |
| Gro  | ss Annual Revenue Over \$1 Million (Y/N)  | # of Heavy D          | uty Trucks in Fleet: |            | _    |           |
| 1  | rs Driving Experience:  |                       | Duty Trucks in Flee  |            |      |           |
| Year   | s as Owner Operator:  | # of Trailers i       | in Fleet:            |            |      |           |
| Pleas  | e list your 3 highest grossing sources of trucking income.  |                       |                      |            |      |           |
| <u>щ</u>   | Business Materials Hauled Start Date End Date   | Contact Name          | Phone                | Income/Mo  | M    | iles/Year |
| JL RE  |   |                       |                      |            |      |           |
| - HAUL R   |   |                       |                      |            |      |           |
| - 4  |   |                       |                      |            |      |           |
|  |   |                       |                      |            |      |           |
| If app   | lying for truck financing, please list previous financing sources. If applying for an open account,                           | please list trade ref | erences.             |            |      |           |
| Cor  | npany/Bank:   | City/State/Zip        |                      |            |      |           |
| Aco  | t # Phone #   | Email or Fax #        |                      |            |      |           |
| Cor  | npany/Bank:   | City/State/Zip        |                      |            |      |           |
| Act  | Phone #   |                       |                      |            |      |           |
| Conversion of the second secon | npany/Bank:   | City/State/Zip        |                      |            |      |           |
| Acc  |   |                       |                      |            |      |           |
| Cor  | npany/Bank:C  | City/State/Zip        |                      |            |      |           |
| Acc  | t # Phone #   | Email or Fax #        |                      |            |      |           |

| Bank Name  | Account Type              | Account #      | Contact Name       | Phone             | City/State              |
|--|---------------------------|----------------|--------------------|-------------------|-------------------------|
|  |                           |                |                    |                   |                         |
|  |                           |                |                    |                   |                         |
|  | Sign this see             | ction if apply | ing for Trucl      | k Financing       | 5                       |
| Applicant(s) authorizes Rechtien International Trucks, Inc. (RIT) and/or any party which may provide credit to Applicant hereunder to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release any financial information concerning Applicant or such other person (including personal financial information and credit bureau reports) as RIT deems appropriate, and to share all such information with the other. Applicant furthermore agrees to hold RIT, all creditors and other persons free from liability who may respond to inquiries made by RIT. In the event that Applicants elects to purchase equipment from RIT and seeks assistance from RIT in procuring financing, Applicant and/or its principals hereby authorizes RIT to share financial information with third party financing companies and hereby expressly authorize RIT and the third party financial entity/institution to access reports from credit bureaus. Equipment purchases may be subject to \$225 Documentation Fee. |                           |                |                    |                   |                         |
| <b>BUSINESS Credit Informatio</b>  | on: Authorization for Dis | closure        | PERSONAL Credit II | nformation: Autho | rization for Disclosure |

Applicant hereby authorizes the release of credit information to Rechtien International Trucks, Inc. (RIT) or its designee (and any affiliates, assignees or potential assignees thereof, collectively, Rechtien International Trucks, Inc.) from any source including credit bureau reporting agencies and applicant's bank. I hereby repre-sent that all of the information contained in this credit application is true, cor-rect and complete.

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|----------|------------|------------|-----------------|-----------|
|          |            |            |                 |           |
|          |            |            |                 |           |

Date:\_\_\_\_

By signing below, the undersigned individual ("Applicant") who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Rechtien International Trucks, Inc. authorizing review of his/her personal credit profile from a national credit bureau.

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

Print Name:

| By Signature  | : |
|---------------|---|
| Print Name: _ |   |

Title:

Date:

**OPEN ACCOUNT OR IDEALEASE** 

## Sign this section if applying for Open Account or Idealease

The undersigned, hereinafter referred to as Applicant, understand that this credit application authorizes Rechtien International Trucks, Inc. (RIT) to check references from all credit and business associations, without recourse. Furthermore, if credit is granted by Rechtien International Trucks, Inc., Applicant agrees to the following terms and conditions

Not to exceed Credit Limit established by RIT. 1.

List banks that you currently have active accounts.

- 2. For all non-Idealease invoices, applicant agrees to pay promptly all sums due within thirty (30) days (NET 30) from the invoice date. For Idealease invoices, applicant agrees to pay promptly all sums due within ten (10) days (NET 10) from the invoice date. All invoices not paid by the due date are subject to a service charge of 1.5% per month and/or such other terms and conditions as may be established by RIT in writing.
- 3. To hereby grant to RIT a security interest in all goods, wares, merchandise, parts, or related items purchased by applicant on its account.
- 4. In the event that a collection agency or attorney is hired to collect its delinquent account, Applicant understands and agrees that it will pay, including service charges, attorney's fees, court costs and such other related expenses as may arise in the pursuit of the collect of Applicant's account.
- That as to any and all matters that may arise in relation to Applicant's account with RIT, Applicant specifically agrees that personal jurisdiction and venue will at 5. all times remain with the Courts of competent jurisdiction of the State of South Carolina and that the laws of the State of South Carolina will apply to any litigation and/or other transactions related to the said account.

## PERSONAL GUARANTY

IT IS UNDERSTOOD AND AGREED that Rechtien International Trucks, Inc. (RIT) is, pursuant to the within application, considering extending credit to Applicant and that for and in consideration of the extension of said credit to Applicant, the undersigned, as proper officer(s)/agent(s) of Applicant, hereby PERSONALLY AND INDIVIDUALLY GUARANTEES PAYMENT to RIT any sum which is now due or may become due by Applicant. This guaranty is continuing, unconditional and shall stand as an indemnity for any indebtedness owed by Applicant to RIT, this being a guaranty of payment being based upon the stated consideration that RIT would not have extended any credit or any other consideration whatsoever to Applicant without the undersigned personal guaranty. The indebtedness created hereby by the personal guarantor is joint and several with Applicant, and the undersigned hereby waives notice of default, non-payment and notice thereof and consents to any modifications or renewal of the credit agreement hereby guaranteed. It is further agreed that this personal guaranty is irrevocable and shall remain so and in full force and effect until notice of revocation of said guarantee is provided to RIT in writing by certified mail, with receipt of same to be demonstrated by signature of a proper officer of RIT.

| Applicant Signature:    |       | Witness Signature: |
|-------------------------|-------|--------------------|
| Print Name:             | Date: | Print Name:        |
| Social Security Number: |       |                    |
| Home Address:           |       |                    |
| Co-Applicant Signature: |       | Witness Signature: |
| Print Name:             | Date: | Print Name:        |
| Social Security Number: |       |                    |
| Home Address:           |       |                    |

sign and return to: ar@carolinainternational.com or fax to 864-848-0063