



## INDIVIDUAL APPLICATION

<b>Applicant Name:</b>		Social Security #:	Birth Date:	Driver's License (State _____) #
Address		City, State, Zip	County	Phone:
DBA		Married? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Dependents:	Own Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax #: E-Mail:
Name of Nearest Living Relative Not Living With You:				
City/State		Phone #	Relationship	
<b>CoApplicant:</b>			Social Security #: DOB:	
Address:			City, State, ZIP	
Products Hauled:	Average Annual Miles:	Years Experience: As Driver:                      As Owner:		# Trucks Currently Owned:
Contract Lease with:	Phone #:	Contact Person:		Contract Expiration Date:
<b>BANK NAME:</b>	Acct No.	Phone #	Person to Contact:	
<b>EQUIP. FINANCE REFERENCE</b>	Acct. No.	Phone #	Contact Name	
#1				
#2				
<b>OPEN ACCOUNT REFERENCE</b> (Tires, Gas, etc.)				
#1				
#2				
<b>VEHICLE INSURANCE AGENT:</b>				
NAME:		PHONE:	FAX:	
Previous Bankruptcy? Chapter: Date:	Previous Repossessions? Date:	Last Year, was your Gross Revenue More than \$1M? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>COMMENTS:</b>				

Diamond International Sales Representative: \_\_\_\_\_

All of the statements made in this application are true and correct and are made for the purposes of obtaining credit through Diamond Companies, its subsidiaries and assigns. I/we authorize recipient creditor to investigate my credit record with a credit reporting agency or other bank or credit reference given in this application, to verify my employment, income references and to obtain such other information that is deemed necessary. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580. If adverse action is taken with respect to your application for business credit, you have the right to a written statement for the specific reasons for such adverse action. To obtain the statement, please contact the Regional Credit Manager, Navistar Financial Corporation, 425 N Martingale Rd, Suite 1800, Schaumburg, IL 60173, 630-753-4000 within sixty (60) days from the date you are notified of our decision on your business credit application. We will send you a written statement of reasons for the denial within thirty (30) days of receiving your request for the statement.

I/WE ACKNOWLEDGE RECEIPT OF NOTICE IN COMPLIANCE WITH THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT IF APPLICABLE. THE FORGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE ACCURATE AND TRUTHFUL. I/WE FURTHER REPRESENT THAT SAID EQUIPMENT SHALL BE USED FOR A COMMERCIAL PURPOSE AND SHALL NOT BE USED FOR ANY UNLAWFUL PURPOSE.

Signature of Applicant/Co-Applicant: \_\_\_\_\_

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

Signature of Guarantor: \_\_\_\_\_

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