

CUSTOMER INFORMATION

Company/Owner Name _____ Fed Tax ID/Social Security # _____
For individual, use full name

DBA (if applicable) _____ Email: _____

Business Address _____ City, State, ZIP _____

Phone _____ Fax _____ #Med Duty Trucks _____ #Heavy Duty Trucks _____

Legal Entity: Corp Partnership Sole Proprietor S-Corp LLC LLP Non-Profit Government

State of Formation _____ Date Established _____ Date of Birth _____
If Business For individual

GUARANTOR(S)

Name _____ Title _____ % of Ownership: _____ Personal Corporate

Home Address _____ City/State/ZIP _____ Phone _____

Date of Birth _____ Fed Tax#/Social Security # _____ Email : _____

Name _____ Title _____ % of Ownership: _____ Personal Corporate

Home Address _____ City/State/ZIP _____ Phone _____

Date of Birth _____ Fed Tax#/Social Security # _____ Email : _____

HAUL SOURCE

Business	Material Hauled	Start Date	Contact Name	Phone	Income (Mo)	Miles/Yr

FINANCING

Previous financing of trucks, tractors and trailers:

Previous Lender	Acct #	Contact Name	Phone	City/State/ZIP

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. The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original. If the business or personal applicant has previously applied for credit or had a relationship with Navistar Financial Corporation ("NFC"), NFC may disclose information about the Applicant This authorization applies to all information used by NFC in its extension of credit to the Applicant ("shared information"). Shared information could include, but not be limited to: financial statements, credit references, credit applications and credit experience of the Applicant. This shall be continuing Authorization for all present and future disclosures of their shared information made by NFC to lender.

ECOA NOTICE: 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 your application for business credit is denied, you have the right to a written statement for the specific reasons for the denial or conditional approval. To obtain the statement, please contact Business Manager, PO Box 204, Memphis, TN 38101 within sixty (60) days from the date of our decision. We will send you a written statement of reasons for the denial within thirty (30) days of receiving your request for the statement.

BUSINESS Credit Information: Authorization for Disclosure
 Applicant hereby authorizes the release of credit information from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete. Applicant hereby authorizes lender to execute and file any UCC financing statements in its name upon approval of the application.

PERSONAL Credit Information: Authorization for Disclosure
 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 authorizing review of his/her personal credit profile from a national credit bureau. A consumer report may be requested in connection with this application and, upon request, Applicant will be informed whether or not a consumer report was requested, and if such report was requested, provided with the name and address of the consumer reporting agency that furnished the report.

By (Signature) **X** _____

Title: _____ Date: _____

Printed Name: _____

By (Signature) **X** _____
An Individual

Printed Name: _____ Date: _____

By (Signature) **X** _____
An Individual

Printed Name: _____ Date: _____