

Wreckers Inc.

Application for Individual

NAME OF INDIVIDUAL _____		ADDRESS _____		RES. PHONE NO. _____
HAVE YOU EVER FINANCED WITH NAVISTAR FINANCIAL CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	NO. OF DEPENDENTS _____			
SOCIAL SECURITY NO. _____	DATE OF BIRTH _____		FORMER RESIDENCE _____	
DRIVERS LICENSE/CDL NO. _____	STATE: _____	NEAREST RELATIVE NOT LIVING WITH ME: _____	NAME _____	ADDRESS _____
NAME OF EMPLOYER: _____		ADDRESS _____	PHONE NO. _____	POSITION _____
			NO. OF YRS. _____	SALARY _____
SPOUSE EMPLOYED BY: _____		ADDRESS _____	POSITION _____	NO. OF YRS. _____
			NO. OF YRS. _____	SALARY _____
OTHER INCOME: \$ _____		SOURCE OF OTHER INCOME _____		

INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION

TRADE REFERENCES

WHO FINANCED PREVIOUS TRUCK OR AUTO PURCHASES?
NAMES AND ADDRESS _____

WHO DO YOU HAVE CONTRACTS TO HAUL WITH?
NAMES AND ADDRESS _____

BANK (NAME AND ADDRESS) _____	PHONE _____	ACCT. NUMBER _____	PERSON TO CONTACT _____
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LIST BELOW LOAN OR INSTALLMENT OBLIGATIONS NOW OWING (IF NONE STATE "NONE")

OWED TO	ADDRESS	BALANCE UNPAID	AMOUNT MONTHLY PAYMENT
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

TAKEN BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE _____	TYPE _____	GOODS REPOSSESSED? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE _____
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DESCRIBE CIRCUMSTANCES _____

REAL ESTATE

DESCRIPTION	LOCATION	TITLE IN NAME OF	PRESENT VALUE	MORTGAGE:	MORTGAGES HELD BY
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

YEARS OF EXPERIENCE AS OWNER _____	NUMBER OF TRUCKS OWNED PREVIOUSLY OWNED -- NAVISTAR _____	OTHER _____	TRAILERS _____
AS DRIVER _____	CURRENTLY OWNED -- NAVISTAR _____	OTHER _____	TRAILERS _____

CONTRACT / LEASE WITH: _____	PHONE NUMBER _____	PERSON TO CONTACT _____	AVG. MONTHLY MILES DRIVEN _____
TYPE OF CONTRACT / LEASE _____	DATE OF CONTRACT _____	CONTRACT EXPIRATION DATE _____	
PREVIOUS CONTRACT / LEASE WITH _____	PHONE NUMBER _____	PERSON TO CONTACT _____	REASON FOR CHANGE _____

COMPLETE THIS SECTION IF THE TRUCK IS TO BE OPERATED BY HIRED DRIVER:

DRIVER NAME: _____	SOC. SEC. _____	DRIVER LIC. _____	STATE: _____
YEARS EXPERIENCE: _____	STREET ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____

USE THIS SPACE FOR ADDITIONAL COMMENTS: _____

I (WE) ACKNOWLEDGE RECEIPT OF NOTICE IN COMPLIANCE WITH THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT IF APPLICABLE. THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE, ACCURATE AND TRUTHFUL. THIS APPLICATION IS GIVEN FOR YOUR SOLE USE AND INFORMATION, AND IS NOT TO BE DIVULGED TO OR USED BY ANYONE ELSE PROVIDED, HOWEVER, THAT THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE NAMED BANK(S), TRADE AND/OR OTHER CREDIT REFERENCES(S) TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH YOU AND OR YOUR COMPANY. I (WE) FURTHER REPRESENT THAT SAID TRUCK SHALL NOT BE USED FOR ANY UNLAWFUL PURPOSE.

(IF INDIVIDUAL)

SIGNED _____

SELLER _____ DATE _____

(IF PARTNER OR COSIGNER)

NAME _____

DEALER SALESMAN (SIGNATURE) _____