

FLEET CREDIT APPLICATION

APPLICANT INFORMATION													
						Federal Tax ID							
Type of Business	Annual	Annual Income Business F			on Date			Time in Business					
🗌 DBA 🗌 L.L.C.	INC. LP												
Mailing Address		City		State			County			ZIP Code			
Physical Address (if different from		City		State			County			ZIP Code			
								L					
Business Phone Number	e Number	mber E-Mail											
Deinsing Officers Titles and Descentage of Oursembin (if emplicable)													
Principal Officers, Titles and Percentage of Ownership (if applicable)													
Has the business ever taken bankruptcy? Has the business ever had a repo? Reason for Pu											for Purchase?		
		ion)											
Yes No (If yes, please attach an explanation.) Yes No (If yes, please attach an explanation.) Additional Replacement													
#Heavy-Duty #Medium-Duty	#Trailers	#Owner / Ops		Type of Goods / Freight Hauled									
				1760 01 000007 110/Bit 10/0100									
Long Haul (OTR) CRegional	Own Authority?	Yes 🗌 N	No	HAZ-MAT?					Yes No				
Previously financed commercial trucks	· · ·												
Bank / Lender Name		Number		Payment Paid			Paid (Off? Trade?					
				/ Make / Model Payment					No	Yes No			
Bank / Lender Name	Phone	Number		Year / Make / Model			Payment		Paid Off?		Trade?		
									Yes No		Yes No		
Bank / Lender Name	Number	her Vear / M			ke / Model Payn			Paid (
		ber Year / Make / Model			- ayment			_	Yes No				
Bank / Lender Name	Number	ber Year / Make / Model			Payment			Yes Paid (Trade?				
					Гаушен				No	Yes No			
			REVENUE S										
Company		Contact Name	KEVENUE 3		Phone Numbe	ar	%	Povonuo		#	of Yrs. / Mos.		
Company			Guillag	Contact Phone Number			% Revenue			# 01 115. / 1405.			
			-										
			-										
	······	FINANCIA	L AND BANK	ING INFORM	ATION		A A A						
Bank	Contact Name		- 1	Contact Phone Number				Account Number					
Bank	Contact Name			Contact Phone Number				Account Number					
Line of Credit in Place?		Credit Limit			Current Balance Mont			nthly Pay	thly Payment Renewal Date				



FLEET CREDIT APPLICATION Cont.

PERSONAL GUARANTOR #1															
Full Legal Name					Title	Social Security Number			1	Date of Birth					
Home Address				City St				ate County				Zip			
🗌 Own	Own Rent Other # of Yrs. / Mo			rs. / Mos. at I	t Residence House				Payment						
Monthly Incon	come Number of Yrs. in Industry		% Ownership		Drivers License Number		DL I	ssued State	Cell Phon		Phone	Number			
Email Address				Have yo	ou ever taken	aken bankruptcy? 🗌 Yes 🗌 No			Have you e	ver had a	repo? 🛛 Yes 🗌		es 🗌 No		
PERSONAL GUARANTOR #2															
Full Legal Name				Title				Social Security Number				Date of Birth			
Home Address					Ci	City			State		County		Zip		
🗌 Own	Re	nt 🗌 Other	# of Yr	rs. / Mos. at I	Residence			House	Payment						
Monthly Incon	Monthly Income Number of Yrs. in Industry		% Ownership		Drivers L	License Number		DL Issued State		Cell Pho		Phone	one Number		
Email Address	ddress Have you				ou ever taken	ken bankruptcy? 🗌 Yes 🗌 No			Have you ever had a repo?			_ γ	es 🗌 No		
The following items MAY or MAY NOT be required to obtain credit approval for this transaction. Please be prepared to provide some or all of the following information:															
1. Last 2 years business tax returns						5. Personal guaranty of all principal owners									
2. Last 2 years + interim financial statements			6. Personal financial statement on all principal owners												
3. Last 3 months bank statements 7. Cross corporate guaranty of affiliated companies															
4. Copies of articles of	of incorpora	tion or articles of organization													
SIGNATURE REQUIRED ON BEHALF OF COMPANY AND ANY PERSONAL GUARANTORS LISTED ABOVE															
The undersigned certifies that the information given above is true and complete and authorizes Rush Enterprises, Inc., its subsidiaries and their assigns or potential assigns, or any other lender that this application is submitted to (collectively ""Rush""), to investigate the above information about the undersigned accounts and credit experience. Rush may receive from and disclose to other persons, including credit reporting agencies, information about the undersigned's accounts and credit experience. The undersigned authorizes any person to release to Rush, credit experience and account information on the undersigned. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on the undersigned by Rush, or any person requested to release such information to Rush. The undersigned has read and understood the Rush Privacy Policy located at: www.rushenterprises.com/privacy.aspx, a copy of which is available upon request.															
APPLICANT SIGNATURE			PRINTED NAME						TITL			.E Dł			
X															
Personal Guarantor #1			DATE			Personal Guarantor #2				DATE					
X					x										
Notice: If your application for business credit is denied, you have the right to a written statement of the specified reasons for the denial. To obtain the statement, please contact the Finance Manager at the Rush location you submitted your application within 60 days of the date you are notified of the decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request. (The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, national origin, sex, marriage status, age provided the application as the capacity to enter a binding contract; because all of part of the applicants income derives from any public assistance programs; 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 at Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.) Rev 1/2020															