

Volvo Financial Services

7025 Albert Pick Road Suite 105
Greensboro, NC 27409

FINANCING APPLICATION

Toll Free: (877) 865-8623

Fax Signed Copy To: (336) 931-4119

Volvo Construction Equipment Remarketing Services Contact: _____

APPLICANT INFORMATION

Name of Borrower		Borrower is <input type="checkbox"/> Individual <input type="checkbox"/> D/B/A <input type="checkbox"/> Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Muni			
Physical Address		City		State	Zip
Mailing Address		City		State	Zip
Phone	Fax	Cell Phone		Email	
Federal I.D. # or Social Security Number		Year Started: Year Incorp:	State Incorporated:	Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Annual Sales: <input type="checkbox"/> <\$2MM <input type="checkbox"/> <\$2MM-\$5MM <input type="checkbox"/> >\$5MM		Primary Contact		E-Mail or Phone	
Nature of Business:					
Expansion <input type="checkbox"/> Equipment # units Replacement <input type="checkbox"/> Volvo: _____ Total: _____		Prior Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Outstanding Judgments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1. Owner Name (May be Same As Borrower if Individual)		% Owned	Title	Social Security Number	
Address		City		State	Zip
2. Owner Name		% Owned	Title	Social Security Number	
Address		City		State	Zip
Co-Buyer Name Guarantor		Fed ID/SSN		Phone	
Address		City		State	Zip
Nearest Relative Name & Relationship		Relative's address			Phone of relative ()
CREDIT REFERENCES					
Bank Name		Account Number	Contact	Phone ()	
Equipment Reference	Collateral	Account Number	Contact	Phone ()	
Equipment Reference	Collateral	Account Number	Contact	Phone ()	
WORK SOURCES					
1. Company Working For		Type of Work	How Long? ____yrs. ____mos.	Contact	Phone ()
2. Company Working For		Type of Work	How Long? ____yrs. ____mos.	Contact	Phone ()

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES VOLVO FINANCIAL SERVICES, A DIVISION OF VFS US LLC, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. VOLVO FINANCIAL SERVICES, OR PERSON TO WHOM THIS APPLICATION IS MADE, MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH VOLVO FINANCIAL SERVICES. THE UNDERSIGNED CERTIFIES THEY ARE NOT SUBJECT TO ANY PROHIBITIONS UNDER ANY REGULATION OR ORDERS OF THE U.S. DEPT. OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL. THE UNDERSIGNED ALSO CERTIFIES THAT THEY DO NOT ENGAGE IN ANY TRANSACTIONS PROHIBITED BY ANY U.S. LAWS. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY VOLVO FINANCIAL SERVICES, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
Signature	Title	Date

EQUIPMENT PURCHASE INFORMATION (Please attach additional sheets for additional specs)

<input type="checkbox"/> New	Quantity	Year	Make	Model	Type	Serial Number
<input type="checkbox"/> Used						
Hours	Attachment (1) Make/Model/Description:			Attachment (2) Make/Model/Description:		

AMOUNTS AND TERMS REQUESTED

A. SELLING PRICE: (including tax, if applicable)			DELIVERY DATE REQUESTED:
B. TRADE-IN:			PRODUCT: <input type="checkbox"/> FMV <input type="checkbox"/> FPO <input type="checkbox"/> \$1 Buyout <input type="checkbox"/> Loan
C. AMOUNT OWING:			TERM (No. of Mos.) Skips (months)
D. NET TRADE			FACTOR (%) OR PMT. AMOUNT (\$)
E. CASH DOWN PAYMENT:			RESIDUAL OR BALLOON AMOUNT
F. TOTAL DOWN PAYMENT: (sum B thru E)			NUMBER OF ADVANCES
G. AMOUNT TO FINANCE (A minus F)			RATE REQUESTED <input type="checkbox"/> SUB <input type="checkbox"/> UNSUB

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