

# VOLVO FINANCIAL SERVICES – CONSTRUCTION EQUIPMENT FINANCING APPLICATION

Dealer: \_\_\_\_\_

Email: Jennifer.swaim@volvo.com

Phone: (336)662-1770

Contact \_\_\_\_\_

Dealer Phone \_\_\_\_\_

Name of Borrower (if business: As registered with the Secretary of State)		Borrower is: <input type="checkbox"/> Individual <input type="checkbox"/> D/B/A <input type="checkbox"/> Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Muni <input type="checkbox"/> Publicly Traded			
Physical Address		City	State	Zip	
Mailing Address (Check if same as physical address: <input type="checkbox"/> )		City	State	Zip	
Garaging Address (Check if same as physical address: <input type="checkbox"/> )		City	State	Zip	County
Phone	Cell Phone		Email		
Federal I.D. # or Social Security Number		Year Started/Year Incorporated _____/_____		State Incorporated:	Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Sales: <input type="checkbox"/> <\$2million <input type="checkbox"/> \$2million - \$10million <input type="checkbox"/> > \$10million			Nature of Business		
Would the equipment be rented or subleased: <input type="checkbox"/> Yes <input type="checkbox"/> No			Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Contact		E-Mail		Phone ( )
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
Owner Name (per driver's license) & Title	% Owned	Social Security Number		Birth Date	Individual Email
Address	City	State	Zip	Phone ( )	
Owner Name (per driver's license) & Title	% Owned	Social Security Number		Birth Date	Individual Email
Address	City	State	Zip	Phone ( )	
Owner Name (per driver's license) & Title	% Owned	Social Security Number		Birth Date	Individual Email
Address	City	State	Zip	Phone ( )	

**\*If more space is required to show 100% ownership of Borrower/Company, PLEASE PROVIDE ON ADDITIONAL PAGE(S). \***

### EQUIPMENT FINANCE REFERENCES, REVENUE SOURCE, and INSURANCE

Equipment Lender	Collateral	Loan/Lease Account Number	Contact	Phone ( )
Equipment Lender	Collateral	Loan/Lease Account Number	Contact	Phone ( )
Source of Revenue	Type of Work	How Long? ____yrs. ____mos.	Contact	Phone ( )
Insurance Agency	Email	Contact	Phone ( )	Deductibles Phys: _____ Liab: _____

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, SUBSIDIARIES AND ITS SERVICE PROVIDERS ("THE VFS PARTIES") 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. THE VFS PARTIES 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 THE VFS PARTIES. THE UNDERSIGNED CERTIFIES THAT THE OWNERSHIP INFORMATION PROVIDED WITH THIS APPLICATION IS ACCURATE AND COMPLETE AND THAT NEITHER THE UNDERSIGNED NOR ANY OF THE UNDERSIGNED'S DIRECT OR INDIRECT OWNERS ARE SUBJECT TO ANY PROHIBITIONS UNDER ANY REGULATION OR ORDERS OF THE U.S. DEPT. OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL. THE UNDERSIGNED AGREES THAT THE VFS PARTIES MAY PROCESS DATA AND/OR INFORMATION IN ANY COUNTRY WHERE PARTIES MAY HAVE A PRESENCE. 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 THE VFS PARTIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
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