

# CREDIT APPLICATION

 <b>Hudson County Motors, Inc.</b> Phone: 201-866-5570 - Fax 201-866-5757		<b>614 NEW COUNTY ROAD SECAUCUS, NJ 07096</b> Web: www.hudsoncountymotors.com Email: info@hudsoncountymotors.com
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### APPLICANT INFORMATION

Name of Borrower:	<input type="checkbox"/> Owns Home <input type="checkbox"/> Rents Home	Phone: (    ) Fax: (    )
Address:		
City:	State:	ZIP Code:      Email:
Federal I.D. Or SSN:		Cell: (    )

### COMPANY AND DRIVER EXPERIENCE

Borrower is: (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp	Year Started:	Year Incorporated: _____ State Incorporated: _____
Current Fleet Size: # of Trucks: ____ # of Trailers ____	Purpose: <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	
First Truck purchase?: <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long As An Owner-operator?: ____Years ____Months	Driving Experience: ____Years ____Months

### OWNERSHIP DETAILS

1. Owner Name: (may be same as borrower if individual)	% Owned:	Title:	SSN #:
Address:	City:	State:	Zip:
2. Owner Name:	% Owned:	Title:	SSN #:
Address:	City:	State:	Zip:
Name Of Nearest Relative Not Residing With You:		Relationship:	
Address:		Phone: (    )	
City:	State:	ZIP Code:	

### CREDIT REFERENCES

Truck Finance Reference:	Account Number:	Contact:	Phone: (    )
Truck Finance Reference:	Account Number:	Contact:	Phone: (    )

### HAULING REFERENCES / WORK SOURCES

Company Hauling For:	Products Hauled:	How Long?: ____	Contact:	Phone: (    )
Company Hauling For:	Products Hauled:	How Long?: ____	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. 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:

### HUDSON COUNTY MOTORS OFFICIAL USE ONLY

Dealer: Hudson County Motors	Dealer Code:	Contact:
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