Volvo Financial Services

FINANCING APPLICATION

Email: ooc@vfsco.com **Phone: (877) 865-8623** **Fax: (336) 931-4119** **Contact_____**

Dealer _____ **Dealer Code: _____**

Dealer Phone: _____ **Dealer Fax: _____**

Name of Borrower	Borrower is ☐Individual ☐D/B/A ☐ Corp ☐LLP ☐LLC ☐ Partnership ☐S-Corp ☐ Muni			
Physical Address	City	State	Zip	
Mailing Address(Check if same as physical address: ☐)	City	State	Zip	
Garaging Address (Check if same as physical address: ☐)	City	State	Zip	County
Phone	Fax	Cell Phone	Email	
Federal I.D. # or Social Security Number	Year Started: Year Incorp:	State Incorporated:	Self Insured? ☐Yes ☐ No	
Driver's License #	DL Expiration Date	DL State of Issuance	Is this the most recent license issued by your state of residency? ☐ Yes ☐ No	
Annual Sales: ☐<$2million ☐$2million - $10million ☐> $10million	Nature of Business			
Would the equipment be rented or subleased: ☐ Yes ☐ No	Tax Exempt? ☐ Yes ☐ No			
First Time Buyer? ☐ Yes ☐ No	Primary Contact	E-Mail or Phone	Date of Birth	
Expansion ☐ Equipment # units Replacement ☐ Volvo: _____ Total: _____	Prior Bankruptcy? ☐ Yes ☐ No	Outstanding Judgments: ☐ Yes ☐ No	Tax Liens? ☐ Yes ☐ No	
Owner Name (May be Same As Borrower if Individual)	% Owned	Date of Birth	Title	Social Security Number
Address	City	State	Zip	Phone ( )
Owner Name/Co-Borrower/Guarantor	% Owned	Date of Birth	Title	Social Security Number
Address	City	State	Zip	Phone ( )

REFERENCES

Bank Name	Account Number	Contact	Phone ( )	
Check all that apply: ☐ checking acct. ☐ savings ☐ equipment loan(s) ☐ other loans/lines of credit				
Equipment Reference	Collateral	Account Number	Contact	Phone ( )
Equipment Reference	Collateral	Account Number	Contact	Phone ( )
1. Source of Revenue	Type of Work	How Long? ___yrs. ___mos.	Contact	Phone ( )
2. Source of Revenue	Type of Work	How Long? ___yrs. ___mos.	Contact	Phone ( )
Bonding Reference	Contact Name	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