

DEALER		LOCATION	
CONTACT		PHONE	FAX

Legal Name: _____ **Date of Birth (for Individuals):** _____ **DBA:** _____

Proprietorship Corp. Sub S LLC. Partnership Other: _____ **Tax Exempt Number:** _____

State-issued Organization # (not tax id #): _____ **State of Organization or state of legal residence for individuals:** _____

SOC SEC # / TAX ID #	Gross Profit (Monthly Income)	Type of Business	Yrs in Business	E-Mail and Website Address
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Primary Legal/CEO Address: Street	City	County	State	Zip
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Billing Address: Street (if different from above)	City	County	State	Zip
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Fleet Manager Name:	Phone #	E-mail Address
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Garage Address: Street	City	County	State	Zip
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Phone #	Fax #	Mobile Phone #	Contact Name
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Owner/Guarantor: Name	Title	Address	PH#	Social Security / TN #	Date of Birth	Ownership %
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Owner/Guarantor: Name	Title	Address	PH#	Social Security / TN #	Date of Birth	Ownership %
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Note: Sole Proprietor, Individual Co-Applicant(s) or Individual Guarantor(s) must complete this section

Complete for Individuals only	Individual (First Name, Middle Name, Last Name, Suffix):		Social Security Number		Date of Birth	
	Home Phone ()	<input type="checkbox"/> Own Home Outright <input type="checkbox"/> Buying Home	<input type="checkbox"/> Living with Relatives <input type="checkbox"/> Leasing/Renting	Lived There _____ Yrs. _____ Mos. _____		Driver's License No. & State
	Previous Employer / Business (if less than 2 years)		Address		Phone Number ()	
	Monthly Income	Secondary Income *	Source	*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		
	Mortgage Holder / Landlord (Name & Address)			Mortgage Holder / Landlord Phone ()		
	Name & Address of applicant's nearest relative not in household			Relationship	Home Phone ()	
	Name & Address of applicant's non-related personal reference known over one year			Relationship	Home Phone ()	

Please use additional applications if more space is needed for multiple owner, guarantor or applicant information.

Have you previously done business with Lincoln Automotive Financial Services (check one Yes No) If yes, Acct #: _____
List other creditors you do business with:

Bank	City & State	Telephone #	Contact	Account #
Trade	City & State	Telephone #	Contact	Account #

IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH LINCOLN AUTOMOTIVE FINANCIAL SERVICES

For the purpose of securing credit from Lincoln Automotive Financial Services ("Lincoln AFS") each of the parties signing below (the "Undersigned") certifies that the above information is true and complete. The Undersigned authorize Lincoln AFS to: (i) check their respective credit and employment histories, verify income, and provide and/or obtain information about their credit experience with Lincoln AFS, and (ii) at any time, sell, transfer, or assign any credit secured from Lincoln AFS and any or all servicing rights with respect thereto, or grant participations therein or issue securities with respect thereto.

The Undersigned each consent and specifically authorize Lincoln AFS, as it may deem necessary or desirable, to forward any documentation and information which Lincoln AFS now has or may hereafter acquire in connection with each transaction between any of the Undersigned and Lincoln AFS to any potential investor, rating agency, and any other party involved in the sale, transfer, assignment, securitization, or participation transaction involving any credit granted to the Undersigned.

Lincoln AFS may receive from and disclose to other persons, including credit reporting agencies, financial information about the Undersigned and information about each Undersigned's account and credit experience and each of the Undersigned authorizes any person to release to Lincoln AFS financial information about the Undersigned and credit experience and account information on the Undersigned. In addition, each of the Undersigned agrees that Lincoln AFS may receive from and disclose to any of its affiliates, any and all such information now or hereafter provided by the Undersigned to any of the foregoing entities, including without limitation present and future credit applications, financial statements and organizational documents. This is a continuing authorization for all present and future disclosures of financial information, account information and credit experience on the Undersigned made by Lincoln AFS, or any person requested to release such information to Lincoln AFS. The Undersigned each agree that a credit report bearing on such Undersigned's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or way of living may be requested in connection with this application and future requests for credit. Upon request from any of the Undersigned, Lincoln AFS will advise such Undersigned, as applicable, whether a credit report was requested and if such a report was requested, Lincoln AFS, will inform such Undersigned, as applicable, of the name and address of the credit reporting agency that furnished the report.

The Undersigned each agree that Lincoln AFS, its affiliates, agents and service providers may monitor and record telephone calls regarding my account to assure the quality of service or for other reasons. Each of the Undersigned also expressly consent and agree to Lincoln AFS, its affiliates, agents and service providers using written, electronic or verbal means to contact the Undersigned. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails and/or automatic telephone dialing systems. The Undersigned each agree that Lincoln AFS, its affiliates, agents and service providers may do so using any e-mail address or any telephone numbers the Undersigned provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether the Undersigned incur charges as a result.

Applicant Signature _____ Title _____ Date _____

I intend to apply for joint credit _____
Applicant Initial Here

Co-Applicant Signature _____ Title _____ Date _____

I intend to apply for joint credit _____
Co-Applicant Initial Here

Guarantor Signature _____ Title _____ Date _____

****If corporate guarantor, authorized officer must sign and show corporate title. If partnership guarantor, a general partner must sign and show "Partner" as Title. If individual guarantor, show "Individual" as Title.**

BUSINESS CREDIT APPLICATION - PAGE 2

VEHICLE INFORMATION - (All of the below information is tentative and subject to the terms and conditions of the applicable approval letter. Use additional application for multiple vehicles.)									
Qty	N/U	Year	Make / Model	GVW	Serial / VIN #	Total CAP Cost	Residual %	Est. Payment	
Installed equipment, body uplifts or add-ons, etc. > \$1,000.00:							Total cost of body uplifts / add-ons: \$ _____		
Installed equipment, body uplifts or add-ons, etc. > \$1,000.00:							Total cost of body uplifts / add-ons: \$ _____		
Trade Detail: QTY:		Year	Make / Model	VIN #	Dealer Allowance	Leinholder	Payoff Amount		
<u>Will the vehicles be</u>			Terms:			Cash Price			
Used in Hazardous Material Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No			# of Months _____			_____ \$			
Used in People Moving Services: <input type="checkbox"/> Yes <input type="checkbox"/> No			# of Adv. Pmts. _____			Net Trade			
Used in For-Hire Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No			Circle Skip Months:			-			
Part of a Sub-Lease Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No			J F M A M J J A S O N D			Cash Down			
NOTE SPECIFIC PROGRAM OR OTHER DETAIL:			Other:			-			
_____			_____			FET			
_____			_____			+ _____			
						Other Up Front Tax			
						+ _____			
						Tags & Title			
						+ _____			
						Cap Cost			
						\$ _____			
						Est. Payment			
						\$ _____			

California Disclosure

Applicant, if married, may apply for a separate account.

Maine Resident

If your credit application is approved and you finance the purchase of your motor vehicle through Creditor, you will be required to insure the vehicle against loss or damage. Creditor requires collision coverage and comprehensive coverage or fire and theft coverage. In addition, if this application is for a lease, Creditor will also require you to obtain liability insurance.

You have the option to select an agent or broker of your choice, whether or not affiliated with Creditor. Obtaining insurance from a particular agent or broker does not affect credit decisions by Creditor, unless the insurance product selected violates the terms of your contract for the purchase or lease of the motor vehicle.

Ohio Disclosure

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Rhode Island Resident

A Credit Report may be requested in connection with this application for credit. Vehicle insurance may be obtained from a person of your choice.

Tennessee Resident

You must maintain insurance during the term of the contract. You must give the Creditor evidence of this insurance. The amount and type of insurance must be acceptable to the Creditor. **YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.**

Vermont Resident

By signing this credit application, Applicant consents to your obtaining a credit report for the purposes of evaluating this application and to obtain subsequent credit reports, in connection with this transaction, for the purpose of reviewing the account, taking collection action on the account or for any other legitimate purpose associated with the account.