



NEED A LENDER?

34225 N 27th Dr. Bldg 1 Phoenix, AZ 85085  
Phone: (623) 434-2500 Fax: (714) 221-2746

#### APPLICANT INFORMATION:

|                                                     |                        |                                      |                                     |                                                                              |                      |                           |  |
|-----------------------------------------------------|------------------------|--------------------------------------|-------------------------------------|------------------------------------------------------------------------------|----------------------|---------------------------|--|
| Full Legal Name                                     |                        | Date of Birth                        |                                     | U.S. Citizen? Y/N                                                            |                      | Social Security Number    |  |
| Current Street Address                              |                        | City                                 | State                               | Zip Code                                                                     | County               | Length of Residence / Yr  |  |
| Home Phone w/Area Code                              | Cell Phone w/Area Code | Own/Rent/Other                       |                                     | Monthly Payment                                                              |                      | Landlord/Mortgage Company |  |
| Company Name - Future Lease                         |                        | Address                              |                                     |                                                                              | Contact              | Number                    |  |
| Business/Employer Name                              |                        | Self-Employed? Y/N                   | Business/Employer Phone w/Area Code |                                                                              | Occupation           | Length of Employment      |  |
| Previous Employer if less than 2 years with current |                        | Previous Employer Phone w/Area code  |                                     | Occupation                                                                   | Length of Employment |                           |  |
| Gross Monthly Income                                |                        | Additional Monthly Income and Source |                                     | (Alimony, child support or separate maintenance income need not be revealed) |                      |                           |  |

#### CO APPLICANT OR OTHER PARTY INFORMATION:

|                                                     |                        |                                      |                                     |                                                                              |                      |                           |  |                        |  |
|-----------------------------------------------------|------------------------|--------------------------------------|-------------------------------------|------------------------------------------------------------------------------|----------------------|---------------------------|--|------------------------|--|
| Full Legal Name                                     |                        | Relationship to App.                 |                                     | Date of Birth                                                                |                      | U.S. Citizen? Y/N         |  | Social Security Number |  |
| Current Street Address                              |                        | City                                 | State                               | Zip Code                                                                     | County               | Length of Residence / Yr  |  |                        |  |
| Home Phone w/Area Code                              | Cell Phone w/Area Code | Own/Rent/Other                       |                                     | Montly Payment                                                               |                      | Landlord/Mortgage Company |  |                        |  |
| Business/Employer Name                              |                        | Self-Employed? Y/N                   | Business/Employer Phone w/Area Code |                                                                              | Occupation           | Length of Employment      |  |                        |  |
| Previous Employer if less than 2 years with current |                        | Previous Employer Phone w/Area code  |                                     | Occupation                                                                   | Length of Employment |                           |  |                        |  |
| Gross Monthly Income                                |                        | Additional Monthly Income and Source |                                     | (Alimony, child support or separate maintenance income need not be revealed) |                      |                           |  |                        |  |

#### Truck Usage

|                                               |           |                               |              |                                   |  |
|-----------------------------------------------|-----------|-------------------------------|--------------|-----------------------------------|--|
| How many truck and trailers do you own?       |           | How long as an owner operator |              | Total Years of driving experience |  |
| Trucks:                                       | Trailers: |                               |              |                                   |  |
| Please list all current equipment and assets: |           | Finance company               | Phone Number | Amount Owed                       |  |
|                                               |           |                               |              |                                   |  |
|                                               |           |                               |              |                                   |  |
|                                               |           |                               |              |                                   |  |
|                                               |           |                               |              |                                   |  |
| Where will the vehicle be parked?             |           |                               |              |                                   |  |

#### References - family members not living with you

|      |         |              |
|------|---------|--------------|
| Name | Address | Phone Number |
|      |         |              |
|      |         |              |
|      |         |              |

#### Applicant(s) acknowledge the following:

I/We agree that by either signing, faxing, sending electronically or otherwise submitting this application Mission Financial Services is authorized to investigate my/our credit and employment history and to share this application with third parties who may also investigate my/our credit and employment history for the purpose of obtaining credit. I/We certify the information given is true and correct.

Applicant Signature

Date

Co-Applicant Signature

Date



## Credit Application Addendum

I/We hereby authorize you to obtain consumer credit reports on me/us periodically and to appropriately gather employment history or other personal data as you consider necessary and for the granting of credit and collection of this debt.

I/We further make and certify all representations made on my/our credit application are correct to the best of my knowledge.

I/We will notify you of any changes of name, address and/or employment during the course of our debt obligation to you.

### Buyer

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

### Co-Buyer

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Please contact a representative of Mission Financial Services Group Corporation with any questions or concerns.

**Mailing Address: 34225 North 27th Drive Building 1 Phoenix, AZ 85085**  
**Phone: (623) 434-2500**  
**Fax: (623) 434-6600**



34225 N 27th Dr. Bldg 1  
Phoenix, AZ 85085  
Phone: (623) 434-2500 Fax: (714) 221-2746

**CUSTOMER NAME****BUSINESS NAME**

(CIRCLE ONE)

DBA , Corporation , LLC or Partnership

**YEAR  
MODEL****MAKE  
VIN NUMBER (LAST 6)****SELLING PARTY**NAME  
ADDRESS

PHONE NUMBER

**LOAN REQUEST**

(CIRCLE ONE)

REPAIR LOAN

LEASE PURCHASE BUY-OUT

LOAN REFINANCE

OPERATING CAPITAL LOAN  
(TITLE LOAN)

PRIVATE PARTY

DEALERSHIP LOAN

**PURCHASE ORDER**

PRICE \_\_\_\_\_  
DMV \_\_\_\_\_  
SALES TAX \_\_\_\_\_  
LIC \_\_\_\_\_  
TOTAL \_\_\_\_\_  
TOTAL \_\_\_\_\_  
SUB TOTAL \_\_\_\_\_  
DOWN PMT \_\_\_\_\_  
DEFERRED \_\_\_\_\_  
  
AMT FINANCED \_\_\_\_\_

**REPAIR LOAN**

REPAIR SHOP \_\_\_\_\_  
REPAIR AMOUNT \_\_\_\_\_  
LOAN PAYOFF \_\_\_\_\_  
SUBTOTAL \_\_\_\_\_  
DOWN PAYMENT \_\_\_\_\_  
AMOUNT FINANCED \_\_\_\_\_

**TITLE LOAN**

AMOUNT FINANCED \_\_\_\_\_



34225 N 27th Dr. Bldg 1  
Phoenix, AZ 85085  
Phone: (623) 434-2500 Fax: (714) 221-2746

|                    |        |                             |            |                      |  |           |  |
|--------------------|--------|-----------------------------|------------|----------------------|--|-----------|--|
| VIN (REQUIRED)     |        | _____                       |            |                      |  |           |  |
| YEAR               | _____  | 5TH WHEEL                   |            | SATIONARY            |  | AIR SLIDE |  |
| MAKE               | _____  | NEW INTERIOR                |            | DAY CAB              |  | SLEEPER   |  |
| MODEL              | _____  | NEW PAINT                   |            | FRAME                |  | CAB       |  |
| EXTENDED HOOD      | YES NO | NEW BUMPER                  |            | ACRO                 |  | CHROME    |  |
| MILEAGE (ECM)      | _____  | WET KIT                     |            | YES                  |  | NO        |  |
| ENGINE MAKE        | _____  | DUAL CHROME EXHAUST         |            | YES                  |  | NO        |  |
| MODE               | _____  | DUAL AIR CLEANER            |            | STAINLESS            |  | PAINTED   |  |
| HORSE POWER        | _____  | DUAL FUEL TANKS             |            | YES                  |  | NO        |  |
| TRANSMISSION MAKE: | _____  | CAPACITY                    |            | _____ GALLONS        |  | _____     |  |
| MODE               | _____  | STAINLESS STEEL 11/4 FENDER |            | YES                  |  | NO        |  |
| AUTOMATIC          | _____  | STAINLESS SUNVISOR          |            | YES                  |  | NO        |  |
| SLEEPER SIZE       | _____  | ALUMINUM WHEELS             |            |                      |  |           |  |
| TYPE:              | _____  |                             | FRONT REAR | YES YES              |  | NO NO     |  |
| DUAL BUNKS         | YES NO | NEW TIRES                   |            |                      |  |           |  |
| A/C                | YES NO |                             | FRONT REAR | YES YES              |  | NO NO     |  |
| P/S                | YES NO | INTERIOR TYPE               |            |                      |  |           |  |
| JAKE BRAKE         | YES NO | COLOR                       |            |                      |  |           |  |
| NEW CLUTCH         | YES NO | AERO SIDE EXTENDERS         |            | YES                  |  | NO        |  |
| NEW BATTERIES      | YES NO | ROOFING FAIRING             |            | YES                  |  | NO        |  |
| WHEEL BATTERIES    | YES NO | TANK FAIRING                |            | YES                  |  | NO        |  |
| WHEEL BASE         |        | WHEEL TO WHEEL              |            | YES                  |  | NO        |  |
|                    |        | OVERALL CONDITION           |            | 1 2 3 4 5 6 7 8 9 10 |  |           |  |
| SUPENSION FRONT    | _____  | REAR                        | _____      |                      |  |           |  |
| COMMENTS:          | _____  |                             |            |                      |  |           |  |
|                    | _____  |                             |            |                      |  |           |  |

Customer Name: \_\_\_\_\_



34225 N 27th Dr. Bldg 1 Phoenix, AZ 85085  
Phone: (623) 434-2500 Fax: (714) 221-2746

*Personal References*(half must be relatives)

1.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

2.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

3.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

4.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

5.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

6.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

7.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

8.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

9.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_

10.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ How Long? \_\_\_\_\_  
Verified By \_\_\_\_\_ Date \_\_\_\_\_