

PURCHASER'S STATEMENT

Date:

GENERAL

Seller Name		Address		City/Province	
Purchaser Name		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Date of Birth	Social Insurance (Optional)
		<input type="checkbox"/> Partnership			
Purchaser Address		City/Province		Years	Res. Phone
Previous Address		City/Province		Years	Pur. Cell Phone
Business Address		City/Province		Bus. Phone	Pur. E-Mail Addr.
Home of Principal	<input type="checkbox"/> Own	<input type="checkbox"/> Renting	Mortgage or Landlord Name & Address		Market Value
	<input type="checkbox"/> Buying	<input type="checkbox"/> Mobile Home			Mo Mtg./Rent Pmt.
	<input type="checkbox"/> Leasing	<input type="checkbox"/> Live w/Relatives			
Garage Address				Source of other Income	Other Mo Income \$
Name & Address of Purchaser's Nearest Relative – Not in Household				Phone	Relationship

EQUIPMENT PURCHASED

EQUIPMENT PURCHASED					Cash Selling Price	\$
New/Used	Year	Make	Model	Serial #		
					Taxes (Not In Selling Price)	\$
					License Title & Registration Fee	\$
					Total Cash Delivered Price	\$
TRADE-IN					Net Trade Allowance	\$
Year	Make	Model	Allowance			
					Cash Down Payment	\$
					Total Down Payment	\$
Total Trade Allowance \$					Unpaid Balance	\$

EMPLOYMENT

Truck(s) to be Operated For		Date Employed or Will Employ		Phone	Contact
Total Years in Trucking	Use of Truck: Type of Business		# of Trucks <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Written Contract <input type="checkbox"/> Oral Contract	Date Contract Expires
Permit(s)/Certificate Number(s)		Operator's License Number & Province			Date License Expires
Truck Purchased is A/For:	<input type="checkbox"/> Replacement	<input type="checkbox"/> Additional	Is Work Steady Throughout Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Avg. Monthly Miles Per Truck
	<input type="checkbox"/> Balance Owning	<input type="checkbox"/> Increased Business			Principal Route, From/To
	<input type="checkbox"/> Paid Off	<input type="checkbox"/> New Venture			
Primary Use:	<input type="checkbox"/> Highway	<input type="checkbox"/> Secondary Roads	Mileage:	<input type="checkbox"/> Long Distance (over 150 miles) <input type="checkbox"/> Intermediate (50-150 miles) <input type="checkbox"/> Local (under 50 miles)	<input type="checkbox"/> Work Out of Province <input type="checkbox"/> Work Intraprovince Only
	<input type="checkbox"/> Hwy/Secondary Roads	<input type="checkbox"/> Off Highway			
Previous Employer Name:		Address		City/Province	Phone
Employed From:	To:	Occupation		Contact	
Previous Employer Name:		Address		City/Province	Phone
Employed From:	To:	Occupation		Contact	

INSURANCE

Fire, Theft, CAC, and Collision Insurance is Required

Agents Name		Address		Phone
Insurance Company			Policy Number	
Amount of Coverage	Collision Deductible	Effective Date	Expiration Date	
Fire & Theft	CAC	Comments		

CREDIT

Bank Name and Address	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Borrowing	Chequing Balance	Savings Balance	Amount Owning
Bank Name and Address	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Borrowing	Chequing Balance	Savings Balance	Amount Owning
Secured Creditor Name		Address		Phone
Equipment Financed	Original Balance	Payment Made Number Amount of Each	Balance	
Secured Creditor Name		Address		Phone
Equipment Financed	Original Balance	Payment Made Number Amount of Each	Balance	
Secured Creditor Name		Address		Phone
Equipment Financed	Original Balance	Payment Made Number Amount of Each	Balance	
Secured Creditor Name		Address		Phone
Equipment Financed	Original Balance	Payment Made Number Amount of Each	Balance	
Have you ever had equipment repossessed?		By Whom	When	
Purchaser ever filed Bankruptcy?		Where	When	

BALANCE SHEET

ASSETS	Balance Sheet As Of	LIABILITIES (CREDITOR)	
Cash on Hand and in Bank	\$	Accounts Payable	\$
Accounts Receivable		Notes Payable	
Notes Receivable		Bank ()	
Inventory (tools, furniture, etc.)		Truck ()	
Trucks		Trailers ()	
Trailers		Equipment ()	
Other Equipment		Other ()	
Automobiles		Mortgage	
Real Estate		Other Obligations	
Other		Total Liabilities	
Other		Net Worth	
Total Assets		TOTAL LIABILITIES & NET WORTH	

SIGNATURE

I acknowledge and agree that, upon receipt of a duly signed copy of this purchaser's statement ("Statement"), DaimlerChrysler Truck Financial, a business unit of DCFS Canada Corp., ("DCTF") and the Dealer shall be entitled and authorized to establish a file on me containing personal information.

The object of the file shall be to allow DCTF and its worldwide affiliates and assignees (1) to evaluate my credit and solvency; (2) to make a decision with regard to the Statement and the possible execution of an agreement, including a contract for lease or financing of a purchase of a motor vehicle; (3) to monitor, record and determine during the term of such a contract my compliance with all or part of the obligations contained therein; (4) to answer any questions I might have with respect to the Statement, any contract I may enter into and the file in general; (5) to record, manage, evaluate and collect, if applicable, any amount owing by me to DCTF; (6) to develop and implement customer programs including communicating with me by providing me with materials such as offers, updates and information which may be of interest to me; (7) to maintain and use the information as a credit history; and (8) to meet legal and regulatory requirements.

To achieve the object of the file, I understand that the personal information contained in my file shall be made available only to the employees, representatives and agents of DCTF and its worldwide affiliates and assignees who require it in the course of the performance of their duties or mandates. The personal information in my file will be used to make any relevant decisions in order to achieve the object of the file.

The file relating to me shall be kept at my DCTF office (the address of which can be supplied by the Dealer). DCTF shall inform me in writing if my file is moved to a new location. I understand that I shall have the right: (1) to obtain access to the personal information in my file and (2) to rectify any personal information in my file which is inaccurate, incomplete, ambiguous or out-of-date. I shall be entitled to exercise either one of these rights by addressing a written request for access or rectification to my DCTF office in care of the Access to Information Manager.

I authorize DCTF and the Dealer to collect the necessary personal information concerning me to fulfill the object of the file, from third persons, including credit agencies, information and collection agencies, credit reporting bureaus, financial institutions, insurance companies, insurance brokers, my past, present and future employers, creditors and landlords, motor vehicle dealers, government agencies, my spouse or any other person who has or will have information related to my credit history and my solvency, my whereabouts or the whereabouts or condition of any property that is or has been owned, held or leased by me. I specifically consent to the release and disclosure of personal information by such persons to DCTF and the Dealer.

If I request credit life or disability insurance, I expressly authorize any doctor, physician, a member of a professional corporation in the health sector, health establishment, clinic, hospital or medical information office or a health information custodian to disclose, release and communicate to DCTF personal information, including personal health information, concerning me and expressly authorize DCTF to disclose personal information to them.

I expressly authorize DCTF and the Dealer to disclose personal information concerning me to each other, to any of their worldwide affiliates and assignees, to other third persons including advertising and marketing agencies dealing with DCTF for the development and implementation of customer programs, to credit agencies, to information and collection agencies, to credit reporting bureaus, to financial institutions, to insurance companies, to insurance brokers, to vehicle manufacturers, to motor vehicle dealers, to auction houses, to my creditors, to persons to whom I have applied for credit, to assignees and agents of such third parties, and to any other person to whom DCTF or the Dealer deem it necessary to further my interest or to fulfill the object of the file.

I specifically consent to the use by DCTF of my Social Insurance Number, if supplied, for the purpose of recording, identifying and retrieving my personal information. Supplying my Social Insurance Number helps DCTF distinguish me from others with similar information and accelerates the process of achieving the object of the file.

I have read the Statement and the Consent respecting the collection, use, release, disclosure, communication and holding of personal information concerning me. I understand the significance and the necessity of giving such a consent which is given voluntarily without any coercion and which will be valid for so long as it is needed in order to achieve the object of the file. I acknowledge that the Dealer or its representatives have no authority to waive or modify any question in the Statement, or bind DCTF by making a promise or representation or by giving or receiving information without the written consent of DCTF. I acknowledge that DCTF may employ service providers located in the United States in order to fulfill the objects of the file and as a result my information may be processed and stored in that country and that country's courts, governments or law enforcement agencies may obtain disclosure of my information through the laws of that country.

I accept that a photocopy of the Statement and the Consent or a facsimile of same shall be considered as valid as the original.

I declare and warrant that the information that I have provided above is true, accurate and complete and that it is not false or misleading in any way. I further declare and warrant that a bankruptcy proceeding is neither presently in progress nor anticipated and acknowledge receiving a copy of this Statement. **IN THE EVENT OF ANY MATERIAL ADVERSE CHANGE IN MY FINANCIAL POSITION, I AGREE TO NOTIFY DCTF in writing.**

I acknowledge that the Statement and the Consent were drafted in the English language in accordance with my request. Je déclare avoir exigé que cette demande et ce consentement soient rédigés et complétés en langue anglaise.

I acknowledge that a consumer/personal report containing credit, medical or personal information will be referred to in connection with the application. I consent to the preparation of such a report to DCTF and the dealer obtaining such a report from credit bureaus/consumer reporting agencies.

Signature _____ Date _____ Signature _____ Date _____