



Hudson County Motors, Inc.
Phone: 201-866-5570 - Fax 201-866-5757



**614 NEW COUNTY ROAD
SECAUCUS, NJ 07096**

Web: www.hudsoncountymotors.com
Email: info@hudsoncountymotors.com

APPLICANT INFORMATION

Name of Borrower (Company Or Individual):		Office Phone #:	
DBA (if applicable):		Cell Phone #:	
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		Haul: <input type="checkbox"/> Over The Road <input type="checkbox"/> Locally	Fax #:
Federal Tax I.D. # (if a company) Or SS # and Date of Birth (if an individual):		Email:	
DOT #:	Gross Annual Revenue: <input type="checkbox"/> Under \$1mm <input type="checkbox"/> Over \$1mm	Year Incorporated: _____ State Incorporated: _____	
Corpcode (for NJ based companies only):	Purpose Of Purchase: <input type="checkbox"/> First <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	Existing Fleet Size: # of Trucks: _____ # of Trailers: _____	
Street Address:			
City:	State:	Zip Code:	Years At This Address:
Street Address Where Equipment Will Be Parked When Not In Use:			
City:	State:	Zip Code:	Years At This Address:

OWNER INFORMATION AND EXPERIENCE

#1: Owner/Guarantor's Full Legal Name (may be same as borrower if individual):			
% Owned:	Title:	SS #:	Date Of Birth:
Home Street Address:			
City:	State:	Zip Code:	Years At This Address:
<input type="checkbox"/> Owns Home <input type="checkbox"/> Rents Home	Driving Experience: Years: _____ Months: _____	How Long As An Owner Operator: Years: _____ Months: _____	Industry Experience: Years: _____ Months: _____
#2: Owner/Guarantor's Full Legal Name:			Phone #:
% Owned:	Title:	SS #:	Date Of Birth:
Home Street Address:			
City:	State:	Zip Code:	Years At This Address:
Name of Nearest Relative Not Residing With You:			Relationship:
Home Street Address:			
City:	State:	Zip Code:	Phone #:

CREDIT REFERENCES AND INFORMATION

#1: Equipment Finance Reference:		Phone #:	
Amount Financed: \$		Account #:	
#2: Equipment Finance Reference:		Phone #:	
Amount Financed: \$		Account #:	
Have You Filed Bankruptcy In The Last 10 Years? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Date of Discharge	Have You Ever Had Equipment Repossessed? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes: What Was Repossessed And When?

MINIMUM 2 YEARS OF HAULING REFERENCES / WORK SOURCES

#1: Company Hauling For:	Products Hauled:	How Long? ____ Yrs. ____ Months
Contact (First & Last Name):		Phone #:
#2: Company Hauling For:	Products Hauled:	How Long? ____ Yrs. ____ Months
Contact (First & Last Name):		Phone #:

EQUIPMENT TO BE PURCHASED

What Do You Want To Purchase (Year, Make, Model, Description, etc.)?

TRADE-IN DESCRIPTION

Do You Have A Trade-In? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Truck Or <input type="checkbox"/> Trailer?	Year:	Make:	Model:	Mileage:	Is There An Existing Lien? <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes: What Is The Amount Still Owed? \$
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If Trading In A Trailer: What Are The Specifications?

SALES REPRESENTATIVE

Name of Sales Representative Assisting You:

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.

Borrower Signature:	Title:	Date:
Co-Borrower Signature:	Title:	Date:

** Please Submit This Application Along With:

- Copy Of Valid Driver License For All Borrowers/Guarantors
- Company Documents (only if the borrower is a company): E.G., Formation Documents, Articles Of Organization (LLC), Operating Agreement (LLC), Articles of Incorporation (Corporation), Etc.
- Proof of Corpcode (NJ based companies only)