



TRUCK & TRAILER

Lindsey Fennell

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GENERAL CORPORATE INFORMATION

| | | | |
|--|--------------|----------------------|--|
| FULL LEGAL BUSINESS NAME | | | CONTACT |
| ADDRESS | | CITY | PROV. |
| POSTAL CODE | PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS |
| TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other | | YEARS IN BUSINESS | DATE INCORPORATED |
| NATURE OF THE BUSINESS | | | PST EXEMPT W/ CAB CARD <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SHAREHOLDER/OWNER'S NAME | | TITLE/POSITION | % OWNER |
| | | | |
| LIST OF MAJOR CUSTOMERS | | | |
| ANNUAL REVENUE | | # OF TRUCKS IN FLEET | # OF TRAILERS IN FLEET |

PERSONAL INFORMATION

| | | | |
|---|---|--|---|
| APPLICANT FULL LEGAL NAME | | DATE OF BIRTH (MM/DD/YYYY) | SOCIAL INSURANCE # |
| HOME ADDRESS | | CITY | PROV. |
| POSTAL CODE | PHONE NUMBER | CELL PHONE NUMBER | YEARS AT THIS ADDRESS |
| PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 3 YEARS) | | | |
| # OF YEARS DRIVING EXPERIENCE | # OF YEARS EXPERIENCE AS OWNER/OPERATOR | PREMISES <input type="checkbox"/> Rent <input type="checkbox"/> Own | |
| HAVE YOU OR YOUR COMPANY EVER BEEN BANKRUPT? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR: _____ REASON: _____ | | | |
| CURRENT EMPLOYER/CARRIER NAME | | CONTACT NAME | WORK LETTER AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PHONE #: | YEARS WITH CURRENT EMPLOYER | MONTHLY GROSS INCOME | |
| PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS) | | CONTACT NAME | |

REGISTRATION & INSURANCE INFORMATION

| | |
|-----------------------------------|---------------------------------|
| PLATEHOLDER NAME: | REGISTERING PROVINCE: |
| INSURANCE BROKER - NAME & BRANCH: | CONTACT NAME, PHONE # or EMAIL: |

FINANCING CREDIT REFERENCES

IF YOU HAVE PREVIOUSLY BORROWED TO FINANCE OR LEASE EQUIPMENT, PLEASE LIST THEM BELOW:

| | |
|--------------|--------------------|
| LENDERS NAME | NATURE OF DEALINGS |
| | |
| | |

CO-SIGNER INFORMATION (IF APPLICABLE)

| | | |
|---------------------------|----------------------------|-----------------------|
| APPLICANT FULL LEGAL NAME | DATE OF BIRTH (MM/DD/YYYY) | SOCIAL INSURANCE # |
| HOME ADDRESS | CITY | PROV. |
| POSTAL CODE | PHONE NUMBER | CELL PHONE NUMBER |
| | | YEARS AT THIS ADDRESS |
| CURRENT EMPLOYER | MONTHLY GROSS INCOME | SIGNATURE |

PERSONAL NET WORTH STATEMENT

| ASSETS (WHAT YOU OWN) | AMOUNT | LIABILITIES (WHAT YOU OWE) | BALANCE |
|--|--------|---|---------|
| CASH ON HAND & IN BANK | \$ | ACCOUNTS PAYABLE (TRADE) | \$ |
| ACCOUNTS RECEIVABLE | \$ | CREDIT CARDS | \$ |
| INVESTMENTS (STOCKS/BONDS/RRSP's) | \$ | | |
| AUTOMOBILE(S) (PROVIDE DETAILS) | | AUTOMOBILE LOAN(S) | |
| YEAR/MAKE/MODEL | | LENDERS NAME | |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| EQUIPMENT (PROVIDE DETAILS) | | EQUIPMENT LOAN(S) | |
| YEAR/MAKE/MODEL | | LENDERS NAME | |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| REAL ESTATE (PROVIDE DETAILS) | | REAL ESTATE MORTGAGE(S) | |
| | | MORTGAGE HOLDER | |
| | \$ | | \$ |
| | \$ | | \$ |
| OTHER ASSETS | | OTHER LOANS & DEBTS | |
| | \$ | | \$ |
| | \$ | | \$ |
| TOTAL | \$ | TOTAL | \$ |
| | | TOTAL NET WORTH (ASSETS-LIABILITIES) | \$ |

You confirm that the information you have given us in respect of this application is true and complete, and you authorize us to rely on and use this information in order to confirm your identity, evaluate your credit worthiness, in relation to the financing contract being entered into. In particular, you agree that we, our affiliates and any third parties acting for us or on our behalf and any potential 3rd party credit grantors (hereinafter collectively "us", "we", or "our"), may obtain a credit report or other credit information from any credit reporting agency, credit bureau or credit granter, and may hold, use, exchange and disclose such information for the purposes identified above. If your application is approved, you authorize us to collect, hold, use, exchange, personal information, as required, in order to administer your contract, determine your insurance eligibility, and secure the assets being financed, or as required and permitted by law. We will maintain a file containing some of your personal information at 1860 Brookside Blvd., Winnipeg, Manitoba, R3C 2E6 from time to time. You have a general right to access access this information at the above address. Any facsimile copy of this document is considered as binding and authentic as the original.

Signature of Applicant

Date