

To our customers:

Liberty Kenworth and Coopersburg Kenworth are pleased to research and fine the best financing package available for our customers. The credit application attached will be reviewed and submitted to our various network of companies to obtain the best deal possible based on your credit information supplied. Please fax your signed credit application directly to me at (856) 803-1752. Your application will go directly to me and be held in strict confidence.

If you have any questions, please do not hesitate in contact me at my direct number (856) 803-1714.

I would like to thank you personally for your interest in our truck inventory.

Regards,

Jeff Saul
F&I Manager
jeff@libertykenworth.com
(856) 803-1714
(856) 803-1752 (direct fax)

Liberty Kenworth of South Jersey
2160 Rt. 322
Swedesboro, NJ 08085
(800) 947-1583

Coopersburg Kenworth, Inc.
1930 Rt. 309
Coopersburg, PA 18036
(800) 381-5752

LIBERTY KENWORTH OF S. JERSEY

2160 ROUTE 322
 SWEDESBORO, NJ. 08085
 PHONE: 856-803-1700
 FAX: 856-803-1777



COOPERSBURG KENWORTH

1930 ROUTE 309
 COOPERSBURG, PA. 18036
 PHONE: 610-282-4500
 FAX: 610-282-3900

PLEASE PRINT OR TYPE

CREDIT APPLICATION

PERSONAL INFORMATION

NAME: FIRST		MIDDLE INITIAL		LAST		DATE OF APPLICATION	
SOCIAL SECURITY NUMBER		DATE OF BIRTH		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED		NO. OF DEPENDENTS	
ADDRESS						PHONE NUMBER	
CITY, STATE, ZIP CODE						HOW LONG AT ADDRESS? YRS.	HOW LONG IN AREA? YRS
FORMER ADDRESSES (FIVE YEAR MINIMUM)				CITY, STATE, ZIP CODE		HOW LONG?	
BUSINESS NAME						BUSINESS TAX I.D. NUMBER	
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)						BUSINESS PHONE NUMBER	

EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)

1	NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION(S) HELD	HOW LONG?
2	NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION(S) HELD	HOW LONG?
3	NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION(S) HELD	HOW LONG?

COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN COMMUNITY PROPERTY STATE.

SPOUSE'S NAME (FIRST, M.I., LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE'S EMPLOYER		POSITION(S) HELD	HOW LONG?
NEAREST RELATIVES NOT LIVING WITH YOU SELF		ADDRESS	RELATIONSHIP
SPOUSE			
HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW		ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW	
HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW			

EXPLANATION:

TRUCK USAGE

HOW LONG AS OWNER/OPERATOR YRS	OPERATOR LICENSE NUMBER	STATE	DATE	PURCHASER TO DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PROVIDE INFORMATION BELOW ON PERSON WHO WILL DRIVE TRUCK.
DRIVER'S NAME (FIRST, M.I., LAST)		ADDRESS			
YEARS OF EXPERIENCE YRS	OPERATOR LICENSE NUMBER	STATE	DATE	SOCIAL SECURITY NUMBER	
TRUCK TO WORK FOR - COMPANY NAME		ADDRESS			
IF TRUCKING - BETWEEN WHAT POINTS				OFF-HIGHWAY USE <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE MILEAGE PER MONTH

FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED

NAME OF AGENT	ADDRESS	PHONE NO.
NAME OF COMPANY	ADDRESS	COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTION? <input type="checkbox"/> NO <input type="checkbox"/> YES, RADIUS:



BALANCE SHEET (Attach additional sheets if necessary)

ASSETS (What you own)		LIABILITIES (What you owe)	
CASH ON HAND & IN BANKS		ACCOUNTS PAYABLE	
ACCOUNTS PAYABLE			
VEHICLE OWNED		LOANS ON VEHICLES	
		COMPANY	CITY/STATE PHONE NO. ACCOUNT NO.
REAL ESTATE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGE ON REAL ESTATE	
Monthly Payment _____		COMPANY	CITY/STATE PHONE NO. ACCOUNT NO.
OTHER ASSETS (ITEMIZE)		OTHER DEBTS (ITEMIZE)	
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

INCOME STATEMENT

TIME PERIOD FROM - TO	GROSS TRUCKING INCOME	OTHER INCOME	DEDUCTIONS & EXPENSES	OPERATING REPORT
		+	-	=

CREDIT REFERENCES (List credit references on Paid Accounts)

1	NAME	CITY	STATE	PHONE NO.	CONTACT/PERSON	ACCOUNT NO.	HIGHEST OWING
2							
3							

BANK REFERENCE: NAME	CITY/STATE	ACCOUNT NO.
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For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition or the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes any lender to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which any lender deems relevant for the granting and collection of the the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided.

I further represent that neither the undersigned, any principal officer of the undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband; and no such person has been convicted of any felony.

I understand that Coopersburg Kenworth and/or any lender to whom this application is presented, will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.

X _____ X _____
Signature Date Signature Date

FOR OFFICE USE ONLY

DEALER	CALLED IN BY	DATE	TIME IN	TIMEBACK
SELLING PRICE		COLLATERAL		
Trade in Allowance		YEAR	MAKE	MODEL
Amount Owing	-	<input type="checkbox"/> CONV <input type="checkbox"/> COE	VEHICLE IDENTIFICATION NUMBER	
Net Allowance	=	TRANSMISSION	SUSPENSION	ENGINE
Cash	+	SLEEPER	OTHER	
TOTAL DOWN		APPROVAL		
AMOUNT TO FINANCE		RATE	TERM	PERCENTAGES
		%	MOS	DOWN % ADVANCE %
TRADE IN: YEAR MAKE	FORM COMPLETED BY			
MODEL VALUE OF TRADE	CALL BACK TO	APPROVED BY		