

**PURCHASER'S STATEMENT**

Date: \_\_\_\_\_

**GENERAL**

Seller Name		Address		City/Province		
Purchaser or Firm Name		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Date of Birth	Social Insurance (Optional)	Res. Phone
		<input type="checkbox"/> Partnership				
Purchaser Address			City/Province		Years	Bus. Phone
Previous Address			City/Province		Years	Bus. Phone
Business Address			City/Province		Source of other Income	Other Mo Income \$
Home of Principal	<input type="checkbox"/> Own	<input type="checkbox"/> Renting	Mortgage or Landlord Name & Address		Market Value	Mo Mtg./Rent Pmt.
	<input type="checkbox"/> Buying	<input type="checkbox"/> Mobile Home				
	<input type="checkbox"/> Leasing	<input type="checkbox"/> Live				
Garage Address						
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	\$
					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		Owned	# of Trucks Leased	<input type="checkbox"/> Written Contract	Date Contract Expires
					<input type="checkbox"/> Oral Contract	
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	Avg. Monthly Miles Per Truck	Principal Route, From/To
	<input type="checkbox"/> Balance Owing	<input type="checkbox"/> Increased Business		<input type="checkbox"/> No		
	<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"/> Work Out of Province
	<input type="checkbox"/> Hwy/Secondary Roads	<input type="checkbox"/> Off Highway			<input type="checkbox"/> Intermediate (50-150 miles)	<input type="checkbox"/> Work Intraprovince Only
					<input type="checkbox"/> Local (under 50 miles)	
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 Owing
Bank Name and Address	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Borrowing	Chequing Balance	Savings Balance	Amount Owing
Secured Creditor Name		Address		Phone
Equipment Financed	Original Balance	Number Each	Payment Made Amount of	Balance
Secured Creditor Name		Address		Phone
Equipment Financed	Original Balance	Number Each	Payment Made Amount of	Balance
Secured Creditor Name		Address		Phone
Equipment Financed	Original Balance	Number Each	Payment Made Amount of	Balance
Secured Creditor Name		Address		Phone
Equipment Financed	Original Balance	Number Each	Payment Made Amount of	Balance
Have you ever had equipment repossessed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom	When
Purchaser ever filed Bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	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		<b>Total Liabilities</b>			
Other		<b>Net Worth</b>			
<b>Total Assets</b>		<b>TOTAL LIABILITIES &amp; NET WORTH</b>			

**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 DaimlerChrysler Financial Services Canada Inc., ("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; (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 Zone 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 Zone 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 a 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 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 \_\_\_\_\_