

**REQUEST FOR DAILY RENTAL VEHICLE FINANCING**

Daily Rental Company				New Vehicle Financing Requested				
Complete Legal Name				No. Units	Make	Series	Cost Each	Total Cost
Street, City, State, Zip Code							\$	\$
<input type="checkbox"/> Proprietor-ship <input type="checkbox"/> Partner-ship <input type="checkbox"/> Corporation (State _____)			Date Established				\$	
Franchise Name (if applicable) _____							\$	
List All Other Names and Trade Styles Used							\$	
Selling Dealer's Name and Address				Total New Vehicle Financing Requested				\$
				Total Financing Requested (Includes Current Ford Credit Outstandings)				\$
				Interest Rate		<input type="checkbox"/> Fixed		<input type="checkbox"/> Floating
Ownership and Corporate Identification								
Principal Owners			Age	% Ownership	Active		AFFIX SEAL OR ATTACH ARTICLES OF INCORPORATION TO ASSURE ACCURATE IDENTIFICATION OF CORPORATION NAME	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		Corporate Seal:	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Size and Nature of Operation								
Vehicles in Operation	Present Actual			Projected			Latest 6 Months' Average monthly daily rental	
	Date			Date			Income Per Vehicle	Vehicle utilization
	Cars	Trucks	Total	Cars	Trucks	Total		
Long-Term Lease							\$	%
Daily Rental								
Total Fleet								
Total Ford Products								
Present Finance Sources								
Bank, Finance Co., or Other Source	Loan Officer	Active since	Approved line \$(000)	Outstandings Date ( )	Guarantors			
Bank Reference:								
Insurance Coverage								
Agent Name	Collision Deductible:		Comprehensive	Public Liability \$(000)		Property Damage \$(000)		
Address	Cars	\$ _____	<input type="checkbox"/> Acv	\$ _____ Single				
City, State	Telephone	Trucks	\$ _____	<input type="checkbox"/> \$ _____ Deductible	\$ _____ Multiple		\$ _____	
Attach the following items to this request:						VEHICLE DEPRECIATION RATE USED IN FINANCIAL STATEMENTS FOR:		
1. Last two fiscal year-end audited financial statements and current financial statement. If audited financial statements are not available, submit year-end adjusted statements.						Cars and light trucks		Heavy trucks
2. Rental contract used if other than approved franchise contract.						%		%
By _____				Title _____		Date _____		

**FINANCIAL STATEMENT SUPPLEMENT**

<b>DEALER / LESSOR</b>		STREET AND NUMBER OR P.O. BOX, CITY, STATE AND ZIP CODE			
<b>OWNERS / PRINCIPALS NAMES</b>	STREET AND NUMBER CITY, STATE AND ZIP CODE	OFFICIAL TITLE	OWNERSHIP PERCENTAGE	SOCIAL SECURITY NUMBER	
			%		
			%		
			%		
			%		
<b>ORGANIZATION</b>				DEALER/LESSOR TAX IDENTIFICATION NO	
<input type="checkbox"/> SUB-CHAPTER S CORP./YEAR OF INITIAL SUB S FILING _____		<input type="checkbox"/> PROPRIETORSHIP      DATE STARTED _____			
<input type="checkbox"/> CORPORATION      DATE OF INCORPORATION _____ STATE _____		<input type="checkbox"/> PARTNERSHIP      DATE STARTED _____			
<b>LANDLORD</b>		STREET AND NUMBER      CITY, STATE AND ZIP CODE			
<b>REAL ESTATE</b> – LOCATION	TITLE IN NAME OF	COST PLUS IMPROVEMENTS	PRESENT MARKET VALUE	MORTGAGES	HOW PAYABLE
		\$	\$	\$	
<b>BANKS</b>	STREET AND NUMBER CITY, STATE AND ZIP CODE	CHECK ACCOUNT      ( )		AVERAGE BALANCE	
		CHECKING	SAVINGS		
<b>FINANCE COMPANIES</b>	STREET AND NUMBER CITY, STATE AND ZIP CODE	AMOUNT OWING EACH			
		DIRECT		CONTINGENT	
		\$		\$	
<b>TRADE REFERENCES</b>	STREET AND NUMBER CITY, STATE AND ZIP CODE	WE HAVE OTHER CONTINGENT LIABILITIES			
		OF \$ _____			
		EXPLANATION:			
<b>WE EMPLOY AS OUTSIDE ACCOUNTANTS:</b>		<b>OTHER PERTINENT DATA:</b>			
NAME _____					
STREET & NUMBER _____					
CITY, STATE & ZIP CODE _____					
CPA prepared unqualified/review reports with notes to the statement for fiscal year ended _____ will be available on _____ or is attached.					
DEALER/LESSOR NUMBER		BRANCH CODE – DEALER NUMBER		DATE COMPLETED (MO. & YEAR)	



# Personal Financial Statement

To Be Completed By Ford Credit
Br. Code _____ Dir./Lsr. # _____

Name(s) \_\_\_\_\_ Dealership/Leasing Company \_\_\_\_\_

Address \_\_\_\_\_

SS # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (SIN, in Canada) Residence Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

The following is a statement of all my assets and liabilities as of \_\_\_\_\_ 19 \_\_\_\_\_

(PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION. COMPLETE BOTH SIDES OF THE FORM AND SIGN ON THE REVERSE SIDE.)

ASSETS		DOLLARS (000)	LIABILITIES AND NET WORTH		DOLLARS (000)	MONTHLY PAYMENT \$(000)
Cash	Savings Accounts and/or Certificates . . . . .		Unsecured Loans	For Merchandise . . . . .		
	Checking Accounts . . . . .			From Banks . . . . .		
	U.S. Government Savings Bonds . . . . .			From Individuals . . . . .		
	Other . . . . .			Other . . . . .		
Receivables	Accounts and Notes Due From <small>(Excluding Dealership and/or Leasing Company)</small> (Schedule A)		Secured Loans	From Banks (Schedule E) . . . . .		
	Others . . . . .			From Individuals (Schedule E) . . . . .		
Securities	Stocks and Bonds: <small>(Excluding Dealership and/or Leasing Co.)</small>			Margin Accounts (Schedule B) . . . . .		
	Listed (Schedule B) . . . . .		Other (Schedule E) . . . . .			
	Unlisted (Schedule B) . . . . .					
Investment in Dealership and/or Leasing Company	Capital Stock — Dealership . . . . .		Taxes Payable	Income Tax Owning . . . . .		
	— Leasing Co. . . . .			Property Tax Owning . . . . .		
	Notes Due to Me . . . . .			Other . . . . .		
	Accrued Salary/Bonus . . . . .					
Insurance and Pensions	Cash Value Life Ins. (Schedule C) . . . . .		Insurance Loans	Owing Against Life Insurance (Schedule C) . . . . .		
	Profit Sharing Plan — Vested . . . . .					
	Other . . . . .					
Real Estate	<b>COST</b> of Real Estate (Schedule D) . . . . .		Real Estate Loans	Mortgages, Trust Deeds or Contracts Payable (Schedule D) . . . . .		
Personal Property	Home Furnishings . . . . .		Other Liabilities (Itemize)			
	Cars, Trucks, etc. . . . .					
	Equipment . . . . .					
	Other . . . . .					
Other Assets (Itemize)			TOTAL LIABILITIES			
			Net Worth	(Difference Between Total Assets & Total Liabilities) . . . . .		
<b>TOTAL ASSETS</b>			<b>TOTAL — LIABILITIES &amp; NET WORTH</b>			

ANNUAL INCOME \$(000)			GENERAL INFORMATION	
	Co-Obligor	You	Are Any Assets Pledged? (If Yes, and Not Explained on Reverse Side, Attach Explanation)	
Salary . . . . .			Are You a Defendant In Any Suit or Legal Actions? (If Yes, Attach Explanation)	
Bonus & Commissions . . . . .			Do You Have a Will? (If Yes, Name of Executor)	
Dividends & Real Estate Income . . . . .			Have You Ever Taken Bankruptcy? If Yes, Explain:	
Other <small>(Alimony, Child Support, or Separate Maintenance Income Need Not Be Revealed If You Do Not Wish To Have It Considered As A Basis For Repaying Any Indebtedness.)</small> . . . . .				
Gross Annual Income (Combined) . . . . .				
Total Fixed Payments . . . . .		(       )		
Net Disposable Income . . . . .				
All Income Taxes Paid Through the Year 19 _____				

CONTINGENT LIABILITIES		PERSONAL INFORMATION	
As Endorser or Co-Maker . . . . .		Position in Dealership/Leasing Co.	Age
On Leases or Contracts . . . . .		Partner or Officer in other Venture(s)?	
Legal Claims . . . . .		Name of Business(es)	
Provisions for Federal Income Taxes . . . . .		Nature of Business(es)	
Other . . . . .		Your Position(s)	Percent Owned

TRADE AND CHARACTER REFERENCES - NAME AND ADDRESS	BANK REFERENCES - NAME AND ADDRESS	CKG. (✓)	SVG. (✓)	LOAN (✓)

PLEASE COMPLETE REVERSE SIDE

**SCHEDULE A - NOTES AND OPEN ACCOUNTS RECEIVABLE**

Debtor	Amount Due \$(000)	Repayment Schedule Dollars/Months, Year, Etc.	Reason For Obligation	Security

**SCHEDULE B - SECURITIES**

Description Of Security and Quantity Held	Registered To	Cost \$(000)	Market Value \$(000)	Margin Accts. Balance Owing \$(000)	Income Received Last Year \$(000)	To Whom Pledged

**SCHEDULE C - LIFE INSURANCE POLICIES**

Insurer	Beneficiary	Face Value \$(000)	Cash Value \$(000)	Total Loans Outstanding \$(000)	To Whom Assigned

**SCHEDULE D - REAL ESTATE**

Address & Description (Home, Business, Acreage, Etc.)	Titled In Name Of	Date Acquired	Cost \$(000)	Market Value \$(000)	Percent Owned	Monthly Income \$	Mortgages, Etc.	
							Mo./Pymt. \$	Balance \$(000)

**SCHEDULE E - SECURED LOANS**

Lender	Amount Due \$(000)	Repayment Schedule Dollars/Month, Year, Etc.	Reason For Obligation	Security

(Are your assets in the name of a trust? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of trust \_\_\_\_\_)

**IF A JOINT STATEMENT, BOTH SIGNATURES ARE REQUESTED**

The undersigned certifies that both sides hereof have been carefully read and that the information provided is true and correct.

Date Signed \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Obligor

Date Signed \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Obligor