

**AUTOMOBILE PURCHASER/LESSEE'S STATEMENT (BUSINESS)****Mercedes-Benz Financial Services****Please Print**

| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TYPE OF CONTRACT<br><input type="checkbox"/> Retail Installment <input type="checkbox"/> Lease                                                                                                                                                                                                                     |                                                                                                                                                                                                               | DEALERSHIP NAME                                                                                                                          |                                                                                              | CONTACT                                                                                                         |
| YEAR                                                                                                                                                                                                                                                                                                               | MAKE<br><input type="checkbox"/> New <input type="checkbox"/> Pre-owned<br><input type="checkbox"/> Demo                                                                                                      | MODEL                                                                                                                                    | MILEAGE                                                                                      |                                                                                                                 |
| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| COMPANY NAME                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                          | PHONE #<br>Ext:                                                                              |                                                                                                                 |
| HOME OFFICE ADDRESS                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               | CITY                                                                                                                                     | STATE                                                                                        | ZIP CODE                                                                                                        |
| <input type="checkbox"/> Buying <input type="checkbox"/> Renting<br><input type="checkbox"/> Leasing <input type="checkbox"/> Own                                                                                                                                                                                  |                                                                                                                                                                                                               | NAME AND ADDRESS OF MORTGAGEHOLDER(S)/LANDLORD                                                                                           |                                                                                              | MONTHLY MORTGAGE/RENT                                                                                           |
| TAXATION COUNTY                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | CITY                                                                                                                                     | STATE                                                                                        | ZIP CODE                                                                                                        |
| NATURE OF BUSINESS                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | FOR PROPRIETORSHIP ONLY, ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                              |                                                                                                                 |
| YEARS ESTABLISHED                                                                                                                                                                                                                                                                                                  | DATE OF:<br><input type="checkbox"/> Incorporation <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Proprietorship |                                                                                                                                          | YEARS UNDER PRESENT OWNERSHIP                                                                |                                                                                                                 |
| IS BUSINESS LISTED WITH DUN & BRADSTREET?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                              |                                                                                                                                                                                                               | IF YES, DUNS NUMBER                                                                                                                      |                                                                                              | TAX ID                                                                                                          |
| HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                            |                                                                                                                                                                                                               | DO YOU HAVE ANY SUITS OR JUDGEMENTS PENDING AGAINST YOU?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     |                                                                                              | HAVE YOU FILED FOR BANKRUPTCY IN THE LAST 10 YEARS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| NAME OF AFFILIATE CO. OR SUBSIDIARY                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               | ADDRESS                                                                                                                                  |                                                                                              |                                                                                                                 |
| <b>OFFICERS</b>                                                                                                                                                                                                                                                                                                    | TITLE                                                                                                                                                                                                         |                                                                                                                                          | % OWNERSHIP                                                                                  | YRS WITH COMPANY                                                                                                |
|                                                                                                                                                                                                                                                                                                                    | TITLE                                                                                                                                                                                                         |                                                                                                                                          | % OWNERSHIP                                                                                  | YRS WITH COMPANY                                                                                                |
|                                                                                                                                                                                                                                                                                                                    | TITLE                                                                                                                                                                                                         |                                                                                                                                          | % OWNERSHIP                                                                                  | YRS WITH COMPANY                                                                                                |
| Majority Stockholder If Other Than Officers                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| <b>BANK INFORMATION</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| NAME OF BANK                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               | BRANCH ADDRESS                                                                                                                           |                                                                                              |                                                                                                                 |
| PHONE #<br>Ext:                                                                                                                                                                                                                                                                                                    | LOAN OFFICER                                                                                                                                                                                                  |                                                                                                                                          | BALANCE<br><input type="checkbox"/> Checking Account<br><input type="checkbox"/> Loan Amount | ACCOUNT #                                                                                                       |
| <b>CREDITORS</b>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| NAME OF COMPANY                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | ADDRESS                                                                                                                                  |                                                                                              | PHONE #<br>Ext:                                                                                                 |
| NAME OF COMPANY                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | ADDRESS                                                                                                                                  |                                                                                              | PHONE #<br>Ext:                                                                                                 |
| <b>PREVIOUS VEHICLE</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| <input type="checkbox"/> Leased<br><input type="checkbox"/> Financed                                                                                                                                                                                                                                               | NAME OF FIRM                                                                                                                                                                                                  | ACCOUNT #                                                                                                                                | PHONE #<br>Ext:                                                                              |                                                                                                                 |
| <b>FINANCIAL</b>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| Financial Statements (most current year end and prior year end including footnotes) may be requested from business applicants. Federal income tax forms may be submitted in lieu of business financial statements. The 1040 forms must be supported by appropriate business related schedule such as "Schedule C." |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| <b>OPERATOR'S INFORMATION</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| <b>Only complete Operator Information if there is no Guarantor or the Operator is different from the Guarantor.</b>                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                                          |                                                                                              |                                                                                                                 |
| NAME                                                                                                                                                                                                                                                                                                               | RELATIONSHIP TO APPLICANT                                                                                                                                                                                     | BIRTHDATE                                                                                                                                | STATE                                                                                        | OPERATOR'S LICENSE #                                                                                            |
| ADDRESS                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               |                                                                                                                                          | SOCIAL SECURITY #                                                                            |                                                                                                                 |

**GUARANTOR(S)**

|                                                                     |                                                                  |                                                                         |                                                                                                                 |                                          |
|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------|
| GUARANTOR'S NAME                                                    |                                                                  | RELATIONSHIP TO APPLICANT                                               | SOCIAL SECURITY #                                                                                               | BIRTHDATE                                |
| DRIVER'S LICENSE #                                                  | STATE                                                            | # OF DEPENDENTS                                                         | ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                          |
| ADDRESS                                                             | CITY                                                             | STATE                                                                   | ZIP CODE                                                                                                        | LIVED THERE<br>Yrs. Mos. PHONE #<br>Ext: |
| <input type="checkbox"/> Buying<br><input type="checkbox"/> Leasing | <input type="checkbox"/> Renting<br><input type="checkbox"/> Own | NAME AND ADDRESS OF MORTGAGEHOLDER(S)/LANDLORD<br>MONTHLY MORTGAGE/RENT |                                                                                                                 |                                          |

**NOTE:** You need not reveal alimony, child support, or separate maintenance income if you do not wish it considered as a basis for repaying this obligation.

|                                                                                               |                        |                              |                            |      |
|-----------------------------------------------------------------------------------------------|------------------------|------------------------------|----------------------------|------|
| EMPLOYER                                                                                      | ADDRESS                |                              | PHONE #                    | Ext: |
| POSITION OR TITLE                                                                             | HOW LONG?<br>Yrs. Mos. | GROSS SALARY OR WAGES<br>Per | OTHER INCOME SOURCE<br>Per |      |
| GUARANTOR IS OPERATOR OF VEHICLE?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | BANK REFERENCE         |                              | PHONE #                    | Ext: |

By signing this application:

1. You authorize Dealer, Mercedes-Benz Financial Services USA LLC, Daimler Trust, and any finance company, bank, or other financial institution to which the Dealer submits your application to investigate your credit and employment history, obtain credit reports, and release information about your credit experience as the law permits, in connection with this application for credit.
2. If an account is created, you authorize Mercedes-Benz Financial Services USA LLC, Daimler Trust, and any financial institution to which Dealer submits your credit application to obtain credit reports for the purpose of reviewing or taking collection action on your account, or for other legitimate purposes associated with your account.
3. You certify that you have read and agree to the terms of this application and that the information in it is complete and true.
4. You authorize a credit investigation of your credit based on the information, which you provided voluntarily; the information is true and correct and reflects all your current debts. In addition, you authorize the release of federal and state records of employment and income history. A bankruptcy proceeding is neither in progress nor expected.
5. You consent and agree that Mercedes-Benz Financial Services USA LLC, Daimler Trust, and any successors, affiliates, agents or service providers may to the extent permitted by law: (i) monitor and record telephone calls concerning your account to assure quality of service or for other reasons; and (ii) use written, verbal, and electronic means to contact you, including, without limitation, manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic dialing systems. Such means of contact may include use of an e-mail address or any telephone number you provide, now or in the future, including a cellular phone or other wireless device number, regardless of whether you incur charges as a result.
6. **IN EXCHANGE FOR THE TIME, EFFORT, AND EXPENSE IN REVIEWING YOUR APPLICATION AND FOR OTHER VALUABLE CONSIDERATION, WHICH IS HEREBY ACKNOWLEDGED, YOU AGREE TO ALL THE TERMS OF THE IMPORTANT CONTRACT OF ARBITRATION CONTAINED ON PAGE 4 OF THIS APPLICATION AND ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND ALL OF ITS TERMS.**

Guarantor's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

**MARITAL INFORMATION STATEMENT – WISCONSIN RESIDENTS ONLY/Marital Status**

|                                                                                                         |                                                                                                         |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| IS CO-APPLICANT YOUR SPOUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No                   | IS APPLICANT YOUR SPOUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
| <input type="checkbox"/> Married<br>DATE OF MARRIAGE                                                    | <input type="checkbox"/> Married<br>DATE OF MARRIAGE                                                    |
| SPOUSE'S NAME (IF OTHER THAN CO-APPLICANT)                                                              | SPOUSE'S NAME (IF OTHER THAN APPLICANT)                                                                 |
| ADDRESS                                                                                                 | ADDRESS                                                                                                 |
| CITY, STATE, ZIP CODE                                                                                   | CITY, STATE, ZIP CODE                                                                                   |
| <input type="checkbox"/> Legally Separated<br>DATE OF DECREE OF LEGAL SEPARATION                        | <input type="checkbox"/> Legally Separated<br>DATE OF DECREE OF LEGAL SEPARATION                        |
| <input type="checkbox"/> UNMARRIED - The term "unmarried" includes single, divorced, or widowed persons | <input type="checkbox"/> UNMARRIED - The term "unmarried" includes single, divorced, or widowed persons |

**Notice to Married Applicants:** No provision of any marital property agreement, statutory individual property classification agreement ("opt-out" agreement under section 766.587 of the Wisconsin Statutes), a unilateral statement under section 766.59 of the Wisconsin Statutes, or court decree under section 766.70 of the Wisconsin Statutes adversely affects the interest of the creditor, unless the creditor prior to the time credit is granted receives a copy of the agreement, statement, or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

Is there a marital property agreement, statutory individual property classification agreement, unilateral statement, or court order that you wish the creditor to consider in evaluating your credit application? Check the appropriate box:

☐ No ☐ Yes (If yes, provide the creditor with a copy of the agreement, statement or order.)

**Notice of Non-Applicant Spouse (Married Applicants only):** If the credit applied for is individual credit or joint credit with an applicant who is not your spouse, the creditor is required by section 766.56 (3)(b) of the Wisconsin Statutes to notify your spouse of the extension of credit.

**Statement of Purpose:** For a married applicant applying for credit or for joint credit with an applicant who is not your spouse; The credit requested, if granted, will be incurred in the interest of your marriage or family.

|                        |                           |
|------------------------|---------------------------|
| SIGNATURE OF APPLICANT | SIGNATURE OF CO-APPLICANT |
| DATE                   | DATE                      |

**CALIFORNIA RESIDENT:** Applicant, if married, may apply for a separate account.

**MAINE AND TENNESSEE RESIDENTS:** You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance as described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from or through someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

**NEW HAMPSHIRE RESIDENT:** If you are applying for a balloon payment contract, you are entitled, if you ask, to receive a written estimate of the monthly payment amount for refinancing the balloon payment in accord with the creditor's existing refinance programs. You would be entitled to receive the estimate before you enter into a balloon payment contract. A balloon payment contract is an installment sale contract with a final scheduled payment that is at least twice the amount of one of the earlier scheduled equal periodic installment payments.

**NEW YORK RESIDENT:** Consumer reports may be requested in connection with this application. Upon your request, you will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency that furnished the report. On any update, renewal or extension of this credit, subsequent consumer reports may be requested.

**OHIO RESIDENT:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**RHODE ISLAND RESIDENT:** A credit report may be requested in connection with this application for credit. You have the right to choose the agent and insurer for the insurance required in connection with this transaction, subject to our reasonable approval consistent with the requirements of applicable law.

**VERMONT RESIDENT:** You consent to the dealer or any assignee of the account or credit agreement or other financial services provider to whom this application is shared to obtain a credit report in connection with this application for credit. In addition, you consent to the holder of your account or credit agreement and any subsequent holder to obtain credit reports in connection with the same transaction or extension of credit, for the purpose of reviewing the account, taking collection action on the account, or for other legitimate purposes associated with the account.

By signing this application:

1. You authorize Dealer, Mercedes-Benz Financial Services USA LLC, Daimler Trust, and any finance company, bank, or other financial institution to which the Dealer submits your application to investigate your credit and employment history, obtain credit reports, and release information about your credit experience as the law permits, in connection with this application for credit.
2. If an account is created, you authorize Mercedes-Benz Financial Services USA LLC, Daimler Trust, and any financial institution to which Dealer submits your credit application to obtain credit reports for the purpose of reviewing or taking collection action on your account, or for other legitimate purposes associated with your account.
3. You certify that you have read and agree to the terms of this application and that the information in it is complete and true.
4. You authorize a credit investigation of your credit based on the information, which you provided voluntarily; the information is true and correct and reflects all your current debts. In addition, you authorize the release of federal and state records of employment and income history. A bankruptcy proceeding is not in progress nor expected. If the attached application is submitted in the name of a business, a current and year-end financial statement, including P&L statement, and balance sheet may be required, audited if possible.
5. You consent and agree that Mercedes-Benz Financial Services USA LLC, Daimler Trust, and any successors, affiliates, agents or service providers may to the extent permitted by law: (i) monitor and record telephone calls concerning your account to assure quality of service or for other reasons; and (ii) use written, verbal, and electronic means to contact you, including, without limitation, manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic dialing systems. Such means of contact may include use of an e-mail address or any telephone number you provide, now or in the future, including a cellular phone or other wireless device number, regardless of whether you incur charges as a result.
6. **IN EXCHANGE FOR THE TIME, EFFORT, AND EXPENSE IN REVIEWING YOUR APPLICATION AND FOR OTHER VALUABLE CONSIDERATION, WHICH IS HEREBY ACKNOWLEDGED, YOU AGREE TO ALL THE TERMS OF THE IMPORTANT CONTRACT OF ARBITRATION CONTAINED ON PAGE 4 OF THIS APPLICATION AND ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND ALL OF ITS TERMS.**

SIGNATURE OF APPLICANT

**X**

TITLE

DATE

**X**

BROKER ARRANGED TRANSACTION

☐ Yes

☐ No

IF YES, BROKER NAME

PHONE #

Ext:

**FOR DEALER USE ONLY**

**DEALER RETAIL INSTALLMENT INFORMATION**

|      |          |                                  |      |  |
|------|----------|----------------------------------|------|--|
| MSRP | CAP COST | Cap Cost Reduction (Cash) \$     | TERM |  |
|      |          | Cap Cost Reduction (Trade In) \$ |      |  |

**DEALER RETAIL INSTALLMENT INFORMATION**

|                 |                                       |                        |      |  |
|-----------------|---------------------------------------|------------------------|------|--|
| AMOUNT FINANCED | CASH DOWN PAYMENT/<br>TRADE IN AMOUNT | TRADE IN               | TERM |  |
|                 |                                       | Yr. Make Model Mileage |      |  |

## IMPORTANT CONTRACT OF ARBITRATION

**The following Important Contract of Arbitration significantly affects Applicant's, Co-Applicant's or Guarantor's (individually or collectively "you" or "your") rights in any dispute with Dealer, Mercedes-Benz Financial Services USA LLC and Daimler Trust. Please read this carefully before signing this application and Important Contract of Arbitration.**

For the purposes of this Important Contract of Arbitration, the term "MBFS" means Mercedes-Benz Financial Services USA LLC and Daimler Trust. The terms "us" or "our" means the Applicant, Co-Applicant, Guarantor, and Dealer, and MBFS.

1. If any of us chooses, any dispute between or among us will be decided by arbitration and not in court.
2. If a dispute is arbitrated, each of us will give up the right to a trial by a court or a jury trial.
3. Each of us agrees to give up any right to bring a class-action lawsuit or class arbitration, or to participate in either as a claimant, and each of us agrees to give up any right to consolidate our arbitration with the arbitration of others.
4. The information that can be obtained in discovery from each other or from third persons in an arbitration is generally more limited than in a lawsuit.
5. Other rights that each of us would have in court may not be available in arbitration.
6. Any claim or dispute, whether in contract, tort or otherwise (including any dispute over the interpretation, scope, or validity of this contract, Arbitration section or the arbitrability of any issue), between you and us or any of our employees, agents, successors or assigns, which arises out of or relates to a credit application, this contract, or any resulting transaction or relationship arising out of this contract shall, at the election of either you or us, or our successors or assigns, be resolved by a neutral, binding arbitration and not by a court action. Any claim or dispute is to be arbitrated on an individual basis and not as a class action. Whoever first demands arbitration may choose to proceed under the applicable rules of the National Center for Dispute Settlement, 43230 Garfield Road, Suite 130, Clinton Township, MI 48038 or the Internet at <http://www.ncdsusa.org/>, or any other organization that you may choose subject to our approval.
7. Whichever rules are chosen, the arbitrator shall be an attorney or retired judge and shall be selected in accordance with the applicable rules. The arbitrator shall apply the law in deciding the dispute. Unless the applicable rules require otherwise, the arbitration award shall be issued without a written opinion. The arbitration hearing shall be conducted in the federal district in which you reside. If you demand arbitration first, you will pay the initial arbitration filing fees or case management fees required by the applicable rules up to \$125, and Dealer or MBFS will pay any additional filing fee or case management fee. Dealer or MBFS will pay the whole filing fee or case management fee if Dealer or MBFS demands arbitration first. Dealer or MBFS will pay the arbitration costs and fees for the first day of arbitration, up to a maximum of eight hours. The arbitrator shall decide who shall pay any additional costs and fees. Nothing in this paragraph shall prevent any party from requesting that the applicable arbitration entity reduce or waive the fees any of us are required to pay, or that requesting any of us to voluntarily pay an additional share of said fees, based upon the financial circumstances of any party or the nature of the claim.
8. This application and Important Contract of Arbitration evidences a transaction involving interstate commerce. Any arbitration under this application and Important Contract of Arbitration shall be governed by the Federal Arbitration Act (9 U.S.C. 1, et seq). Judgment upon the award rendered may be entered in any court having jurisdiction.
9. Notwithstanding this application and Important Contract of Arbitration, our employees, parents, subsidiaries, affiliate companies, agents, successors, and assignees retain the right to exercise self-help remedies and to seek provisional remedies from a court, pending final determination of the dispute by the arbitrator. None of us waives the right to arbitrate by exercising self-help remedies, filing suit, or seeking or obtaining provisional remedies from a court.
10. If any clause within this Important Contract of Arbitration, other than clause 3 or any similar provision dealing with class action, class arbitration or consolidation, is found to be illegal or unenforceable, that clause will be severed from this Important Contract of Arbitration, and the remainder of this Important Contract of Arbitration will be given full force and effect. If any part of clause 3 or any similar provision dealing with class action, class arbitration or consolidation is found to be illegal or unenforceable, then this entire Important Contract of Arbitration will be severed and the remaining provisions of this application shall be given full force and effect as if this Important Contract of Arbitration had not been included in this application.