

Internationa	International <sup>®</sup> Financial services are provided by Navistar Financial Corporation.  BUS CUSTOMER CREDIT APPLICATION - PLEASE PRINT CLEARLY														
(1a) Proposed Borrower/Lessee is (check one) = Individual/Sole Proprietor = LLC = Corporation = S Corp = Partnership = LLP = Non-Profit = Government															
	(2a) Name* (first, middle or initial, and last) (2b) DBA (if any)														
	If you are an individual applicant: Use full name exactly as it appears on current and valid driver's license (including hyphens, spaces, and suffixes). If legal entity: Use full legal name of the entity registered with the Secretary of State.														
APPLICANT	(3a) Business Address (No P. O. Box or APO)				(3b) City				(3c) State	(3d) Zip		(3e) County			
	(4a) Garage Address (No P.O. Box or APO)				(4b) City				(4c) State	(4d) Zip (4e) County					
	(5a) Cell (5b) Work Phone# Phone#									(5c) Home Phone#					
	(6a) Email Address				(6b) Individual SS#				(6c) Fed Tax ID #			(6d)Tax Exemp	ot:Yes No		
	(7a) Titling State (7b) Individual Applicant Date of Birth				(7c) Entity State (7d) Entity Date of Formation of Formation			(7e) Entity State Principally Managed or Directed from							
					Bb) Finance Request: □ Additional Unit(s) □ Replacement Unit(s) Bd) Domicile Location:				(8c) Requested \$\$ amount of Financing						
	9a)First Time			(9d) # of Employees				(9e )# of Drivers							
	(10a) Avg age of your buses? (10b) Prior Repo? $\square$ Yes $\square$ No (10c) Prior Bankruptcy (If Yes, what year?) (If Yes, what year?)				Yes □ No (10d) Any Outstanding Tax Liens or Judgments Yes □ No □			(10e) Previous Fiscal Year Gross Annual Revenue >\$5MM  Yes No (10f) Previous Year Gross Revenue							
	(11a) □ Owner □ Co-Borrower □ Guarantor (11b)This	party is (chec	ck one)   Individual/Sole	e Proprietor	□ LLC	□ Corporatio	n 🗆 S Cor	p 🗆 Partnership 🗆 LL	.P □ Non-Profit □ Go	vernment					
	(12a) Name*  (12a) Name*  (12b) Relationship to Applicant (include title: owner/or-owner/officer/partner/member/manager)														
	*If you are an individual applicant: Use full name exactly as it appears on current and valid driver' spaces, and suffixes). If legal entity: Use full legal name of the entity registered with the Secretar						(12c) If owner, % of ownership		(12d) Prior Repo?   Yes   No (12e) Prior Bankruptcy   Yes   (If Yes, what year?)			Yes □ No			
8	(13a) Address (No P.O. Box or APO)				(13b) City			(13c) State	(13d) Zip	Zip (13e) County					
ANT(S (S)	(14a) Cell     (14b) Work     (14c) Home       Phone#     Phone#     Phone#														
OWNER(S) / ADDITIONAL APPLICANT(S) CO- BORROWER(S) AND/OR GUARANTOR(S)	(15a) Email (15 Address En					(15b) Individual SS# or Entity Federal Tax ID #				(15c) Individual Date of Birth					
AL/	(16a) □ Owner □ Co-Borrower □ Guarantor (16b) This party is (check one) □ Individual/Sole Proprietor □ LLC □ Corporation □ S Corp □ Partnership □ LLP □ Non-Profit □ Government														
OITION O/OR G	(17a) Name*  (17b) Relationship to Applicant (include title: owner/co-owner/officer/partner/member/manager)														
S) / ADI (S) ANI	*If you are an individual applicant: Use full name exactly as it appears on current and valid driver's li spaces, and suffixes). If legal entity: Use full legal name of the entity registered with the Secretary of							ner, % of	(17d) Prior Repo?   Yes   No (17e) Prior Bankrup (If Yes, what year?)			Yes □ No			
VNER(S	(18a) Address (No P.O. Box or APO)				(18b) City			(18c) State	(18d) Zip		(18e) County				
ON BORF	(19a) Cell (19b) Work (19c) Home Phone#														
	(20a) Email Address		(20b) Individual SS# or Entity Federal Tax ID #					(20c) Individual Date of Birth							
S	Name of the entity or contract that the buses are being pure	chased for						_							
SC.	(21a)School District Name	(21b) T	erm of Contract	(21c) Start I	Date		(21d) Conta	act Name	(21e) Phone		(21f)Est. F	Revenue (2	21g) Miles/Yr.		
Revenue SOURCES															
FINANCIAL HISTORY	Current or previous financing of buses														
	(22a) Lender Name (22b) Account#			(22c) Contact Name		e	(22d) Phone		(22e)City			(22f) State (	22g) Zip		

REPRESENTATIONS: By signing below, I represent and agree that (i) I am signing individually (if I am an Applicant indicated above), (ii) either I or another signer below is authorized and is signing on behalf of each entity that is an Applicant indicated above, (iii) the information is provided for the purpose of obtaining business credit, and (iv) the information contained in this Credit Application is true, correct, and complete, (v) neither the Applicant nor any of Applicant's direct or indirect owners are subject to any prohibitions under any regulation or orders of the U.S. Dept. Of Treasury's Office of Foreign Assets Control, and (vi) each signer below received and reviewed the Privacy Policy online at https://www.navistar.com/privacy-policy.

The following authorizations (i) apply to this Credit Application and subsequently for purposes of extending, reviewing, updating, and collecting credit; and (ii) are granted to the dealer receiving this Credit Application ("Dealer"), Navistar Financial Corporation ("NFC") and any financial institution or other potential creditor to which this application is referred ("Financing Source"). A copy of these authorizations shall be valid as the original.

AUTHORIZATIONS: By signing below, I (individually and on behalf of any entity, as the case may be) hereby authorize: (i) Dealer, NFC and each Financing Source to refer this Credit Application to, and share any credit information with, any other Financing Source and each of their respective affiliates, subsidiaries and service providers; and (ii) Dealer, NFC or any Financing Source to request and obtain, and any credit reporting agencies, Applicant's banks or other third parties to provide, consumer reports, background checks and credit and other information regarding any Applicant or me individually both now and in the future.

ECOA NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the Applicant has the capacity to enter into a binding contract), because all or part of the Applicant's income derives from any public assistance, or because the Applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please contact NAVISTAR FINANCIAL CORPORATION FINANCIAL SERVICE CENTER at 2701 International Drive, Lisle, IL, 60532 or by calling (800) 233-9121 within 60 days from the date you are notified of such denial or condition. We will send you a written statement of the reasons for denial within 30 days of receiving your request for the statement.

Print Applicant Name:	GUARANTOR #1 OR CO-B Print Guarantor #1 or Co-Borrower #1 Name:	ORROWER #1 GUARANTOR #2 OR CO-BORROWER #2 Print Guarantor #2 or Co-Borrower #2 Name:
Applicant Signature:	Guarantor #1 or Co-Borrower #1 Signature:	Guarantor #2 or Co-Borrower #2 Signature:
Date Signed:	Date Signed:	Date Signed: