

Corporate Resolution to Finance or Lease

LI-7144 (REV. 08/11) Previous editions may not be used.

RESOLVED, that this corporation _____
is hereby authorized to finance or lease from _____,
hereinafter called "Creditor", such items of property upon such terms and conditions as the officer or officers hereinafter authorized in
their discretion may deem necessary or advisable.

RESOLVED FURTHER, that

_____ the _____
(TITLE)

or _____ the _____
(TITLE)

whose authorized signatures are set forth below be and they are hereby authorized, directed and empowered to execute and deliver
to Creditor such contracts, leases, and other documents as may be required by Creditor in connection with such finance or lease of
property.

(SIGNATURE) _____
(SIGNATURE)

(SIGNATURE) _____
(SIGNATURE)

RESOLVED FURTHER, that Creditor is authorized to act upon this resolution until written notice of its revocation is delivered to
Creditor at its principal place of business in _____.

I, _____, Secretary of the above named corporation, do
hereby certify that the foregoing is a full, true and correct copy of resolutions of the Board of Directors of said corporation duly
and regularly adopted at a meeting of said Board of Directors duly and regularly held on the _____ day of
_____, _____. I further certify that said resolutions are still in full force and effect and have not been
amended or revoked, and that the specimen signatures appearing above are the signatures of the officers of this corporation authorized
to sign finance contracts or leases for and on behalf of this corporation.

"RESOLVED FURTHER, that all acts and deeds done by any of such officers of this corporation for and on behalf of this corporation
in entering into, executing, acknowledging or attesting any of the above referenced documents or other instruments or agreements, or
in carrying out the terms and intentions of these resolutions are ratified, approved and confirmed."

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary of the above corporation this _____ day of
_____, _____.

(SECRETARY)

DEALER		LOCATION	
CONTACT		PHONE	FAX

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Legal Name:		Date of Birth (for Individuals):		DBA:	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp. <input type="checkbox"/> Sub S <input type="checkbox"/> LLC. <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____ Tax Exempt Number: _____					
State-issued Organization # (not tax id #):			State of Organization or state of legal residence for individuals:		
SOC SEC # / TAX ID #	Gross Profit (Monthly Income)	Type of Business	Yrs in Business	E-Mail and Website Address	
Primary Legal/CEO Address: Street		City	County	State	Zip
Billing Address: Street (if different from above)		City	County	State	Zip
Fleet Manager Name:		Phone #	E-mail Address		
Garage Address: Street		City	County	State	Zip
Phone #	Fax #	Mobile Phone #	Contact Name		
Owner/Guarantor: Name	Title	Address	PH#	Social Security / TN #	Date of Birth Ownership %
Owner/Guarantor: Name	Title	Address	PH#	Social Security / TN #	Date of Birth Ownership %

Note: Sole Proprietor, Individual Co-Applicant(s) or Individual Guarantor(s) must complete this section

Complete for Individuals only	Individual (First Name, Middle Name, Last Name, Suffix):		Social Security Number		Date of Birth
	Home Phone ()		<input type="checkbox"/> Own Home Outright <input type="checkbox"/> Living with Relatives	Driver's License No. & State	
			<input type="checkbox"/> Buying Home <input type="checkbox"/> Leasing/Renting	Lived There _____ Yrs. _____ Mos. _____	
	Previous Employer / Business (if less than 2 years)		Address		Phone Number ()
	Monthly Income	Secondary Income *	Source	*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 this obligation.	
	Mortgage Holder / Landlord (Name & Address)			Mortgage Holder / Landlord Phone ()	Mortgage Payt / Monthly Rent
	Name & Address of applicant's nearest relative not in household			Relationship	Home Phone ()
Name & Address of applicant's non-related personal reference known over one year			Relationship	Home Phone ()	

Please use additional applications if more space is needed for multiple owner, guarantor or applicant information.

Have you previously done business with Lincoln Automotive Financial Services (check one Yes No)? If yes, Acct #: _____

List other creditors you do business with:

Bank	City & State	Telephone #	Contact	Account #
Trade	City & State	Telephone #	Contact	Account #

IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH LINCOLN AUTOMOTIVE FINANCIAL SERVICES*

The information given is true and complete. Lincoln Automotive Financial Services ("Lincoln AFS") may receive from and disclose to other persons, including credit reporting agencies, financial information about Applicant and information about Applicant's account and credit experience and Applicant authorizes any person to release to Lincoln AFS financial information about Applicant and credit experience and account information on Applicant. This shall be continuing authorization for all present future disclosures of financial information, account information and credit experience on Applicant made by Lincoln AFS or any person requested to release such information to Lincoln AFS. Applicant and any person signing below each agree that a credit report hearing on Applicant's and/or such other person's credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics, or way of living may be requested in connection with this application and future requests for credit. Upon Applicant's and/or such other person's request, Lincoln AFS will advise Applicant and/or such other person, as applicable, whether a credit report was requested and if such a report was requested Lincoln AFS will inform Applicant and/or such other person, as applicable, of the name address or credit reporting agency that furnished the report. Lincoln AFS may also be referred to herein as "Creditor." SEE THE NEXT PAGE OF THIS FORM FOR IMPORTANT INFORMATION FOR CALIFORNIA, MAINE, OHIO, RHODE ISLAND, TENNESSEE, AND VERMONT.

I agree that you, your affiliates, agents and service providers may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons. I also expressly consent and agree to you, your affiliates, agents and service providers using written, electronic or verbal means to contact me. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails and/or automatic telephone dialing systems. I agree you, your affiliates, agents and service providers may do so using any e-mail address or any telephone number I provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether I incur charges as a result.

Applicant Signature _____ Title _____ Date _____

I intend to apply for joint credit _____
 Applicant Initial Here

Co-Applicant Signature _____ Title _____ Date _____

I intend to apply for joint credit _____
 Co-Applicant Initial Here

Guarantor Signature _____ Title _____ Date _____

***If corporate guarantor, authorized officer must sign and show corporate title. If partnership guarantor, a general partner must sign and show "Partner" as Title. If individual guarantor, show "Individual" as Title.**

BUSINESS CREDIT APPLICATION - PAGE 2

VEHICLE INFORMATION - (All of the below information is tentative and subject to the terms and conditions of the applicable approval letter. Use additional application for multiple vehicles.)									
Qty	N/U	Year	Make / Model	GVW	Serial / VIN #	Total CAP Cost	Residual %	Est. Payment	
Installed equipment, body uplifts or add-ons, etc. > \$1,000.00:							Total cost of body uplifts / add-ons: \$ _____		
Qty	N/U	Year	Make / Model	GVW	Serial / VIN #	Total CAP Cost	Residual %	Est. Payment	
Installed equipment, body uplifts or add-ons, etc. > \$1,000.00:							Total cost of body uplifts / add-ons: \$ _____		
Trade Detail: QTY:		Year	Make / Model	VIN #	Dealer Allowance	Leinholder	Payoff Amount		

<p><i>Will the vehicles be:</i></p> <p>Used in Hazardous Material Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Used in People Moving Services: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Used in For-Hire Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Part of a Sub-Lease Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE SPECIFIC PROGRAM OR OTHER DETAIL:</p> <p>_____</p> <p>_____</p>	<p>Terms:</p> <p># of Months _____</p> <p># of Adv. Pmts. _____</p> <p>Circle Skip Months:</p> <p style="text-align: center;">J F M A M J J A S O N D</p> <p>Other:</p> <p>_____</p> <p>_____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Cash Price</td><td style="text-align: right;">\$</td></tr> <tr><td>Net Trade</td><td style="text-align: right;">-</td></tr> <tr><td>Cash Down</td><td style="text-align: right;">-</td></tr> <tr><td>FET</td><td style="text-align: right;">+</td></tr> <tr><td>Other Up Front Tax</td><td style="text-align: right;">+</td></tr> <tr><td>Tags & Title</td><td style="text-align: right;">+</td></tr> <tr><td>Cap Cost</td><td style="text-align: right;">\$</td></tr> <tr><td>Est. Payment</td><td style="text-align: right;">\$</td></tr> </table>	Cash Price	\$	Net Trade	-	Cash Down	-	FET	+	Other Up Front Tax	+	Tags & Title	+	Cap Cost	\$	Est. Payment	\$
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Net Trade	-																	
Cash Down	-																	
FET	+																	
Other Up Front Tax	+																	
Tags & Title	+																	
Cap Cost	\$																	
Est. Payment	\$																	

California Disclosure

Applicant, if married, may apply for a separate account.

Maine Resident

If your credit application is approved and you finance the purchase of your motor vehicle through Creditor, you will be required to insure the vehicle against loss or damage. Creditor requires collision coverage and comprehensive coverage or fire and theft coverage. In addition, if this application is for a lease, Creditor will also require you to obtain liability insurance.

You have the option to select an agent or broker of your choice, whether or not affiliated with Creditor. Obtaining insurance from a particular agent or broker does not affect credit decisions by Creditor, unless the insurance product selected violates the terms of your contract for the purchase or lease of the motor vehicle.

Ohio Disclosure

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. Vehicle insurance may be obtained from a person of your choice.

Tennessee Resident

You must maintain insurance during the term of the contract. You must give the Creditor evidence of this insurance. The amount and type of insurance must be acceptable to the Creditor. **YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.**

Vermont Resident

By signing this credit application, Applicant consents to your obtaining a credit report for the purposes of evaluating this application and to obtain subsequent credit reports, in connection with this transaction, for the purpose of reviewing the account, taking collection action on the account or for any other legitimate purpose associated with the account.