## **Commercial Equipment Credit Application**

## BARCODE21917A

## **APPLICANT IDENTITY VERIFICATION**

Federal law requires verification of an individual's identity for financial transactions. Each applicant and any guarantor must present his/her unexpired driver's license from their state of residence, or, if none, then their official unexpired government photo identification card, to an authorized dealer representative. THE AUTHORIZED DEALER REPRESENTATIVE WILL VERIFY THE APPLICANT TO THE PHOTO, AND WILL CERTIFY THE FULL EXACT PRINTED NAME, ADDRESS, AND EXPIRATION DATE ON THE IDENTIFICATION FORM CHECKED BELOW IS AN EXACT MATCH TO THE INFORMATION ON THIS APPLICATION, to comply with its Retail Financing Agreement with CNH Capital

PRIMARY APPLICA	NT (If a Partne	archin obtain	a conv of the Par	tnorchin	n Aa-	reement)									
	CE or non Ag b	- ·	- 1		_	ness Type:		Corp L	LC	LLP	Partnershi	р П	Municipality		
Identification: Drive		I ID (describe):					Expiration Date:								
						ate of Birt									
Legal INDIVIDUAL Name (as PRINTED on above identification):						Jak				or birdi.					
Legal BUSINESS Name (NOT APPLICABLE IF APPLYING AS AN INDIVIDUAL):					Tax ID: St				ate Formed: Business Phone			Phone	:		
Physical Address:					City:						State:	Zip Co	ode:		
Occupation: Full-time Farmer Building Contractor Road & Street						Bank Name:									
Rental Yard Part-time Farmer Excavating/Trenching Construction					Bank Contact:										
Logging Custom Operator Lawn & Landscape					Bank Phone:										
Year Business Est.: Year Residence Est. (Individual):						Email Address:									
SECONDARY APPL	ICANT		1												
Co-App Offi	cer Partn	er Guara	antor Individu	ual OR I	Busir	ness Type:		Corp I	LLC _	LLP _	Partnershi	р	Municipality		
Identification: Drive	r's License	Passport	Other Government Iss	sued ID (de	escrib	e):					Expirat	ion Date	):		
Legal INDIVIDUAL Name (as PRINTED on above identification):						SSN: Date				ate of Birth: Primary I					
Legal BUSINESS Name (NOT APPLICABLE IF APPLYING AS AN INDIVIDUAL):					Tax ID: Stat				tate Form	ormed: Business Phor			:		
Physical Address:					City:					State: Zip C			ode:		
Year Business Est.: Year Residence Est. (Individual):						Email Address:									
Tear Business Est.:	1.00.	11001001100 2011	(		JII 7 (GC	31000.									
New/Used Equipmen	t Description						$\dashv$	Model	Serial/F	PIN		Sales	Price		
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Trade-In Equipment Model Serial/PIN						Illowance Amo			i	e-In		Owed To			
Cook Down	Drogram #	Dunaum Da		•		F## D	-4-		Interest C	tost Data	First Payr	ment Da	to Tours		
Cash Down	Program #	Program De	scription		-	Effective D	ate		Interest S	otari Date	Tiloti ayı	nicht Da	te Term		
											<u> </u>				
Insurance Carrier Policy #					Agent					Phone					
By signing below, you ce applicant, Co-applicant, Co-applicant, Co-applicant, Co-applicant, Co-applicant, Consumer reporting ager assisting in making a creshare such information abelow, other creditors of CNH Capital, and use the history and financial information about your application number, including any mannouncing device and pabove; By All signatories event that the applicant lease to purchase the as CALIFORNIA RESIDENT insurance required by this to evaluate this application increasing any credit line so, the name and addres available to all credit wo administers compliance property shall adversely knowledge of the advers X	), Officer(s), Partn ncies (credit burea dilt decision, revie nd information reg Applicant, third pe a aforementioned rmation, and that a bu whether or not to the control of the control	ner(s) or Guarant aus) in connectic wing your other garding the Appli arties that CNH ( information in co anyone receiving the application is orized to sign on t CNH Capital an 7) If this applica CNH Capital to fi e following subm in the lease to CN icant may apply f the insurer must titly in connection a action or for oth r reporting agen id that credit repi ICE TO MARRIE interest, unless i nust indicate the	or(s), (collectively "App on with this transaction agreements and assist cant, or the Account, or Capital reasonably belio billecting any debt of App g a copy of this applicat s approved; 4) Dealer d behalf of any entity list d any servicer, agent o attion is approved, Deale liel any documents nece ission of this applicatio NH Capital Leasing Exc for an individual accoun be approved by the cre n with any update, rene ner legitimate purposes cy. NOTICE TO OHIO orting agencies maintai ED WISCONSIN RESID prior to the time credit is	licant", "you for all legit ing in colle for CNH Cap wes are co-blicant owe ion is author iscussions ed; 6) You a ro debt colle or shall agassary to re n, bage says to re the NOTICE dittor. NOT wal, or extern the collection of t	ou" and out the control of the contr	d "your"), age purposes activity and at to provide anancing opti that by pro it retains, milidate the pl a lien or see eby notified, Inc., a qual AINE RESI TO NEW YCn, New York, we Ohio law it histories in law provideditor is furned.	gree, and I moderned I moderned I moderned I moderned I. A CNII ons vidin and the control of the	s that CNH as otherwinitoring; 3) one with App irites in accupilities in accupilities in accupilities and ac	Capital mse allowers allowers allowers allowers Applicant, whordance were to allowers allower	ay obtain a d by applicate agrees that credit reprint applicate own CNH Canformation. rposes only authorized t number, ir barties where the object of the construction	consumer of the consumer of th	credit reich purpitital shall incies, the subsidity of your of all may keep to make the subsidity of the subsidial will all dealers of the subsidiary of the	coort from one or moses include be permitted to e Dealer reference aries and affiliates employment, pay eep this application conduct its own with any telephor dialing and agreement as set the decured party; 9) In ligations) under the ange. NOTICE Trinsurer for the port may be obtained as obtained, and it credit equally commission cree relative to ma		
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			Printed Name						Title	Title (not for Individual Applicant)			Date		
The undersigned certific				ication che	ecked	l above is a	n ex	cact match				cation.			
Signature of Authorized I	Jealer Representa	ative Pr	rinted Name						De	aler#	App #		Date		