



DEALER INFORMATION

DEALER NAME		DEALER CONTACT	
CONTACT PHONE		CONTACT EMAIL ADDRESS	

CUSTOMER INFORMATION – ALL FIELDS MUST BE COMPLETED

LEGAL COMPANY NAME		DBA NAME	
ADDRESS		CITY	STATE
		ZIP	
CONTACT PERSON	PHONE	EMAIL ADDRESS	
TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other		FED. TAX I.D. #	STATE OF ORGANIZATION
# OF YEARS IN BUSINESS UNDER CURRENT OWNERS	# OF EMPLOYEES	DESCRIPTION OF BUSINESS (e.g., lumber mill, landscaping, etc.)	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE
		ZIP	
EQUIPMENT LOCATION ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE
		ZIP	

PERSONAL DATA

NAME OF OWNER #1		TITLE	NAME OF OWNER #2		TITLE
HOME ADDRESS			HOME ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE		DATE OF BIRTH	HOME PHONE		DATE OF BIRTH
SOCIAL SECURITY #		OWNERSHIP %	SOCIAL SECURITY #		OWNERSHIP %

FINANCE INFORMATION – ALL FIELDS MUST BE COMPLETED (If additional space is required, please attach another page)

PRODUCT TYPE <input type="checkbox"/> EFA <input type="checkbox"/> \$1 Option <input type="checkbox"/> FMV <input type="checkbox"/> Stated PO <input type="checkbox"/> Other		FINANCE TERM (months)	PAYMENT SCHEDULE <input type="checkbox"/> Monthly <input type="checkbox"/> Other
---	--	-----------------------	---

OTHER FINANCE TERMS REQUESTED

CONDITION <input type="checkbox"/> New <input type="checkbox"/> Used	YEAR	MAKE	MODEL	CURRENT HOURS
---	------	------	-------	---------------

EQUIPMENT SPECS
 (e.g., mast, forks, battery, side shifter, charger, bucket, boom, etc.)

ENVIRONMENT (only if FMV or Stated PO) <input type="checkbox"/> Clean <input type="checkbox"/> Moderate <input type="checkbox"/> Construction <input type="checkbox"/> Severe <input type="checkbox"/> Cooler <input type="checkbox"/> Freezer			ANNUAL OPERATING HOURS (if FMV or Stated PO)		
---	--	--	--	--	--

SALES PRICE	DOWN PAYMENT	TRADE IN	TAXES (If applicable)	FEEES	FINANCE AMOUNT
-------------	--------------	----------	-----------------------	-------	----------------

Authorization

The undersigned consents to and authorizes the use of his/her consumer credit report by U.S. Bank National Association ("we," "us," or "our") or a third party from time to time as may be needed in the credit and collection process and further authorizes banks, trade references and financial institutions the right to release information to us, to share credit information with our affiliates and agents, as well as Applicant's other creditors, bureaus and persons who have or expect to have financial dealings with the Applicant or its principals named above, and to share collection information with Applicant's other creditors. All the information in this Application is true, complete and correct. The person signing below on behalf of Applicant is authorized to make this Application on its behalf and to agree to the foregoing, and also has the authority to act for Applicant's principals and co-owners in instructing us and our agents to obtain credit reports on them. **IMPORTANT CUSTOMER INFORMATION:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this Application. We may also ask for copies of driver's licenses or other identifying documents. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications, including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system, from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider.

X

SIGNATURE	SIGNER'S TITLE	DATE
-----------	----------------	------

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reason for denial within 30 days of your request for the statement. **NOTICES:** 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 our compliance with this law is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006.