

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

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			ration Date:	<u> </u>		's Licen	se	Passpor			Governme				ibe):				. ,	
Legal INDIVIDUAL Name (as PRINTED on above identification):										SSN: Date of						Birth: Primary Phone:				
Legal BUSINESS Name (NOT APPLICABLE IF APPLYING AS AN INDIVIDUAL):									Tax ID:				State Formed: Busine			Business	s Phone:			
Physical Address:											City:				County: State:			Zip Code:		
Occupa	ation:	: 🗆	Full-time Farmer	r 🗆 Ru	uilding Contract	tor	Poac	I & Street	Ra	ınk Name										
	Decupation:									nk Contac										
□ Logging □ Custom Operator □ Lawn & Landscape									Bank Phone:											
Year Business Est.: Year Residence Est. (Individual):										Applicant Email Address:										
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Co-	Арр		Officer	Partner	Guarar	ntor		Individual	OR	Busines	ss Type:	С	orp 🔲 I	LLC	LLF	-	Partnersh	ip Mun	icipality	
Identific	cation	n: Expi	ration Date:		Driver	's Licen	se	Passpor	t	Other	Governme	ent I	ssued ID	(descr	ibe):					
Legal INDIVIDUAL Name (as PRINTED on above identification): SSN: Date of Birth: Primary Phone													Phone:							
Legal BUSINESS Name (NOT APPLICABLE IF APPLYING AS AN INDIVIDUAL):										Tax ID: State					ate Formed: Business			s Phone:		
Physical Address:										City: Cor					County: State		State:	Zip Code:		
Year Bu	ısines	ss Est.:		Year R	esidence Est. (Individu	al):		Ар	plicant En	nail Addres	s:	ļ					1		
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Cash	Down	1	Program #	Program	n Description			Effective Da	ate	Inter	est Start D	ate	First Pay	ment	Date T	erm	Frequenc	v Est. Am	t. Financed	
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Insura	nce C	Carrier				Po	olicy #		Agent									Phone		
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Signature of Primary Applicant or Representative Printed Name															11	Title (not for Individual Appli			Date	
X Signature of Secondary Applicant or Representative Printed Name																Title (not for Individual Applicant)			Date	
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	re of	Authori	zed Dealer Repi	resentativ	ve Print	Printed Name										Dealer #	# App) #	Date	

Printed Name