

BUSINESS INFORMATION	Full Legal Name					Requested Credit Line Amount \$
	DBA Name (If Applicable)					Manufacturers Requested
	Business Address	City	State	Zip Code	Phone Number	Entity Type <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Manager-Managed <input type="checkbox"/> Member-Managed <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership, LLP, LLLP <input type="checkbox"/> Individual / Sole Proprietorship
	Mailing Address	City	State	Zip Code	Fax Number	
	Federal Tax ID Number	Contact Name, Title			Date Business Started	
	E-mail Address	Additional Location Address (Attach if additional space necessary)				

DISTRIBUTOR/ MANUFACTURER REFERENCES	Company Name		Company Name	
	Contact		Contact	
	Phone Number		Phone Number	
	Account Number	Credit Line	Account Number	Credit Line

BANK REFERENCE	Business Bank Name / Branch			FINANCING SOURCE REFERENCE	Finance Source Company Name		
	Bank Branch Address				Finance Source Address	City	Zip Code
	Name of Officer/Contact	Phone Number	Fax Number		Name of Officer/Contact	Phone Number	Fax Number
	Checking Account Number	Loan Account Number			Bank Finance	Credit Line	

PRINCIPAL INFORMATION	Individual or Principal Name (1)		Title	% of Ownership	Individual or Principal Name (2)		Title	% of Ownership		
	Social Security Number /Federal Tax ID Number		Email Address	Phone Number	Social Security Number /Federal Tax ID Number		Email Address	Phone Number		
	Address		City	State	Zip Code	Address		City	State	Zip Code
	Individual or Principal Name (3)		Title	% of Ownership	Individual or Principal Name (4)		Title	% of Ownership		
	Social Security Number /Federal Tax ID Number		Email Address	Phone Number	Social Security Number /Federal Tax ID Number		Email Address	Phone Number		
	Address		City	State	Zip Code	Address		City	State	Zip Code

ECONOM AUTHORIZATION	<p>You, the "Applicant" (which term includes the above business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("DLL"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Commercial Finance Dealer Application ("Application") and provide to others information about its transaction and experiences with Applicant. DLL may obtain credit reports, including consumer credit reports, on Applicant or otherwise in connection with the Application, and at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, DLL may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update DLL's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that DLL may get or share credit information with its agents, assignees, and its designees regarding the Applicant in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that DLL may share with affiliates and others all information about Applicant that DLL has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that DLL believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.</p> <p>THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT DLL'S COMMERCIAL FINANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO P.O. BOX 2000, JOHNSTON, IA 50131-0020. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. DLL WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER DLL HAS RECEIVED APPLICANT'S REQUEST.</p> <p>NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATION 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 PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCIES THAT ADMINISTER COMPLIANCE WITH THE LAW CONCERNING DLL ARE THE BUREAU OF CONSUMER FINANCIAL PROTECTION, 1700 G STREET NW, WASHINGTON D.C. 20006 AND THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.</p> <p>APPLICANT HEREBY AUTHORIZES DLL OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY DLL TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.</p> <p>THE APPLICANT AUTHORIZES DLL TO PREPARE AND FILE AGAINST APPLICANT ONE OR MORE FINANCING STATEMENTS IN FORM AND SUBSTANCE ACCEPTABLE TO DLL SUFFICIENT TO PERFECT A SECURITY INTEREST IN COLLATERAL ARISING IN CONNECTION WITH INVENTORY FINANCING APPLIED FOR HEREIN TO BE EXTENDED BY DLL IN EVENT DLL APPROVES THIS APPLICATION.</p> <p>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p> <p>Each of the undersigned is applying for joint credit. Each of the above Principals must sign below.</p>							
	SIGNATURE OF APPLICANT'S REPRESENTATIVE _____		TITLE _____		DATE _____			
	SIGNATURE OF PRINCIPAL (1) _____		DATE _____					
	SIGNATURE OF PRINCIPAL (2) _____		DATE _____					
SIGNATURE OF PRINCIPAL (3) _____		DATE _____						
SIGNATURE OF PRINCIPAL (4) _____		DATE _____						