

CUSTOMER INFO	*First Name		M.I.	*Last			*SSN		*Date of Birth		DBA		
	*Street Address				*City			*State		*County		*Zip Code	
	*Home Phone () -			Business Phone () -			e-Mail Address			Drivers License			
BUSINESS	*Occupation: <input type="checkbox"/> Fulltime Farmer <input type="checkbox"/> Part-time Farmer		<input type="checkbox"/> Custom National Operator <input type="checkbox"/> Custom Regional Operator <input type="checkbox"/> Consumer		<input type="checkbox"/> Lawn & Ground Care <input type="checkbox"/> Landscape <input type="checkbox"/> Rental Yard		<input type="checkbox"/> Dealer		*Primary Industry				
	*Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Municipality		Exact Business Name				*Tax ID		If Business application, please provide President's information in space labeled for Customer Information.		
	Street Address				City			State		County		Zip Code	
ADDITIONAL INFO	Home Phone () -		*Business Phone () -		*Occupation: <input type="checkbox"/> Fulltime Farmer <input type="checkbox"/> Part-time Farmer		<input type="checkbox"/> Custom National Operator <input type="checkbox"/> Custom Regional Operator <input type="checkbox"/> Consumer		<input type="checkbox"/> Lawn & Ground Care <input type="checkbox"/> Landscape <input type="checkbox"/> Rental Yard		*Primary Industry		
	*Yr Business Est.		State Formed			Formation Date			# of Acres Owned		# of Acres Rented		
	Annual Gross Farm Income \$		Annual Gross Non-Farm Income \$		β Child support or separate maintenance income need not be revealed if applicant does not wish it to be considered as a basis for repaying this obligation.			Main Source of Income: <input type="checkbox"/> Grain <input type="checkbox"/> Livestock		<input type="checkbox"/> Dairy <input type="checkbox"/> Rental Yard		*Income Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Seasonal	
Annual Farm Expenses \$		Net Worth \$		Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent		*Yr Residence Est.		If Current Yrs at Residence are Less Than 3 Yrs Prior Street Address, City, State					
*Has the applicant had any unsatisfied judgments rendered against them in the past 7 years, had equipment repossessed in the past 7 years, or been declared bankrupt in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No								If yes, please specify:					
Employer Name								Employer Phone # () -		Yr Employment Began			
BANKING INFO	Bank Name				Contact Name				Bank Phone # () -				
	Account #				Approximate total checking and savings balance \$								
	Main equipment lending reference, lender name				Contact Name			Lender Phone # () -		Account #			
EQUIPMENT INFO	*NU	Year	*Type	*Manufacturer	*Series	*Model	Description	*Serial #/VIN #	*Hours	*Sales Price \$			
										\$			
										\$			
										\$			
										\$			
										\$			
Equipment Location, Address/Suite #, City									State	County	Zip Code	Home Phone # () -	Total Sales Price \$
*Will any of this equipment, that you are purchasing, be rented to another party? <input type="checkbox"/> Yes <input type="checkbox"/> No										Total Sales Tax \$			
TRADE-IN INFO	Year	*Type	*Manufacturer	*Series	*Model	Description	Serial #/VIN #	Hours	*Allowance \$	*Amt. Owing \$	Net Trade-In \$		
									\$	\$	\$		
									\$	\$	\$		
									\$	\$	\$		
If customer owes another financial institution, owe to whom:										Total Net Trade-In \$			
TERMS	<input type="checkbox"/> Contract/Loan <input type="checkbox"/> Fin. Lease <input type="checkbox"/> Oper. Lease		<input type="checkbox"/> Other		Program #	Program Description		*Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Irregular	Rate	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	*Term	*Cash Down Payment \$
	Contract/Lease Date		Interest Start Date		First Payment Date		Skips (months)		# of Advanced Payments		Annual Usage	Purchase Option \$	Estimated Amt Financed \$
INS	PDI Company Name			PDI Deductible		PDI Agent Name		PDI Agent Phone # () -		PDI Policy #		Liability Company Name	

* Required Information for Credit Approval
Comments: (Total Sales Price + Total Sales Tax) – (Total Net Trade-In + Cash Down Payment) = Estimated Amt Financed

Applicant (whether one or more, "Applicant") submits this application for the purpose of obtaining credit from CNH Capital America LLC ("CNH Capital"). Applicant hereby (1) requests that CNH Capital grant credit to Applicant on the terms applied for herein; (2) authorizes CNH Capital to investigate Applicant's credit worthiness, including without limitation by obtaining reports from credit reporting agencies and other information and credit records and (i) to share such information and information regarding the Applicant and CNH Capital's credit experience with Applicant with credit reporting agencies, the dealer referenced above, other creditors of Applicant, third parties that CNH Capital reasonably believes are conducting credit inquiries in accordance with applicable law, and subsidiaries and affiliates of CNH Capital, and (ii) to use the aforementioned information in collecting any debt of Applicant owed to CNH Capital; (3) authorizes Applicants past and present lenders, lessors, landlords and other creditors to provide CNH Capital or its designee with any and all information that will assist CNH Capital in its credit inquiry; and (4) certifies that all information provided in this application is true and correct. All individual(s) on whom personal information is provided herein (including any proprietor, and any guarantor, partner or officer of Applicant) hereby agree that CNH Capital or its designee may obtain credit reports on said individual(s), from credit reporting agencies, and otherwise investigate the credit of said individual(s), in connection with CNH Capital's credit inquiry with respect to Applicant and said individual(s), and hereby instruct all credit reporting agencies to provide CNH Capital with such credit reports upon request.

Applicant's Signature _____ Date _____ Signature of Co-Applicant(s) _____ Date _____