

## 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

PRIMARY APP Usage:   AG	CE or no		siness purpo	es	Individual	OR B	usines	s Туре:				LLP	Partne	ership	Mun	icipality	
Identification: Ex				's Lice	nse   Passpo		Other	Governm	ent	Issued ID	·						
Legal INDIVIDUAL Name (as PRINTED on above identification):								SSN: Date of I					Primary Phone:				
Legal BUSINESS Name (NOT APPLICABLE IF APPLYING AS AN INDIVIDUAL):							Tax ID: State					Formed:	Business Phone:				
Physical Address:							City: Cour					ty:	State	ı. Zip	Code:		
Occupation:	Fulf-time Farm	erBu	illding Contrac	lor	Road & Street	Bank I	Vame:										
Rental Yard Part-time Farmer Excavating/Trenching Construction							Bank Contact:										
Logging Custom Operator Lawn & Landscape							Bank Phone:										
Year Business Est SECONDARY A		Year R	tesidence Est. (	Individu	ıal): 	Applica	ant En	ail Addre	S5:								
Co-App	Officer	Partner	г ] Guara	ntor	Individual	OR Bu	isines	s Type:	C	CorpI	LC	LLP	Partne	ership	Mun	icipality	
Identification: Exp	oiration Date: _		Driver	's Licer	ise Passpo	rt	Other	Gavernm	ent l	Issued ID	desc	ribe):					
Legal INDIVIDUAL Name (as PRINTED on above identification):							SSN: Date of						irth: Primary Phone:				
Legal BUSINESS Name (NOT APPLICABLE IF APPLYING AS AN INDIVIDUAL):							Tax ID: State Fo					Formed:	Business Phone:				
Physical Address:						City: County					nty:	State: Zip Code:					
Year Business Est	.:	Year R	esidence Est. (	Individu	ıal):	Applica	ınt Em	ail Addres	951								
New/Used Year	Equipment M	lanufactur	er / Description	,				Model		Hours	Se	rial/PIN			es Price		
Year Trade-In E	nuinment		Model	Hours	Serial/PIN	ΔΙΙσ	owanc		LΔC	naunt Owe	nd.	Net Trade-Ir	1 0%	ed To / A	ccl#		
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Cash Down	Program #	Program	Description		Effective D	ale)	Intere	est Start D	Date	First Pay	menl	Date Term	Frequ	ency	Est. An	t. Financed	
Insurance Carrier				P	olicy #			Agent						Phon	Đ		
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Signature of Primar	ry Applicant or R	epresenta	tive Print	ed Nam	e							Title (n	ot for Indi	vidual Ap	plicant)	Date	
· •																	
Signature of Secon	dary Applicant o	r Represe	ntative Print	ed Nam	8							Title (ne	ol for Indi	vidual App	plicant)	Date	
The undersigned c	ertifies the nam	ie, addres:	s and expiratio	n date	on the Identification	<u>an check</u>	ed ab	ove is an	exe	et match t	o the	information	on this A	pplicatio	<u>n.</u>		
Signature of Author	ized Dealer Ran	recentativ	print	ed Nam								Deale	er# .	Арр#		Date	