

Commercial Equipment Credit Application

APPLICANT IDENTITY VERIFICATION

21917A Rev. 12/19 Previous editions may not be used.

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 with CNH Capital. CALIFORNIA RESIDENTS: BEFORE PROVIDING YOUR PERSONAL INFORMATION, YOU MAY REVIEW YOUR RIGHTS UNDER THE CALIFORNIA CONSUMER PRIVACY ACT OF 2018 AT WWW.CNHINDUSTRIALCAPITAL.COM/CCPA OR REQUEST A COPY FROM YOUR DEALER.

PRIMARY APPLICANT (If a Partnership, obtain a copy of the Partnership Agreement)

Usage: 🗌 AG	CE or no	on Ag bus	siness purpos	ses		Individual	OR B	usines	s Type: [orp 🔤 l	LC [Partners	hip	Municipality	
Identification: Ex	piration Date:		Drive	r's Licen	se	Passpor	't	Other	Governme	ent l	ssued ID	(describe	e):					
Legal INDIVIDUAL	Legal INDIVIDUAL Name (as PRINTED on above identification):					SSN:			Date of Birth:			Primary	Primary Phone:					
Legal BUSINESS Name (NOT APPLICABLE IF APPLYING AS AN INDIVIDUAL):					Tax ID:				State Formed: Busine			Busine	ess Phone:					
Residential Address of INDIVIDUAL or Physical Address of BUSINESS					City:				County:			State:		Zip Code:				
Occupation:	Full-time Farme	er 🗌 Bu	ilding Contrac	tor	Roa	d & Street	Bank Name:											
Rental Yard Part-time Farmer Excavating/Trenching Construction					Bank Contact:													
Logging Custom Operator Lawn & Landscape						Phone:												
Year Business Es		Year R	esidence Est.	Individu	al):		Applic	ant Err	ail Addre	SS:								
SECONDARY		Partner	Guara	ntor		Individual	OR B	usines	s Type:	C	orp	LLC	LLF		Partners	hip	Municipality	
Identification: Ex	piration Date:		Drive	's Licen	se	Passpor	rt 🗌	Other	Governme	ent l	ssued ID	(describe	e):					
Legal INDIVIDUAL Name (as PRINTED on above identification):					SSN:					Date of Birth: F			Primary	Primary Phone:				
Legal BUSINESS Name (NOT APPLICABLE IF APPLYING AS AN INDIVIDUAL):					Tax ID:					State Formed: Bu			Busine	Business Phone:				
Residential Addre	ss of INDIVIDUA	L or Phys	ical Address of	BUSINE	ESS		City:				County:			State:	State: Zip Code:			
Year Business Es	.:	Year R	esidence Est.	Individu	al):		Applic	ant Em	ail Addre	SS:					1	-		
New/Used Year	Equipment M	anufactur	er / Description				Model Hours			Hours	Serial/PIN				Sales Price			
			1								<u> </u>							
Year Trade-In E	quipment		Model Hours Serial/PIN			I/PIN	Allowance		e Amou		nount Owe	ed N	Net Trade-In		Owed	To / A	To / Acct #	
Cash Down	sh Down Program # Program Description Effec		Effective Da	Date Inter		st Start D	Start Date First Pa		yment Date Term		Frequency		Est. Amt. Financed					
Insurance Carrier Policy #				Agent								Phone						
					.,				J * *							-		
Primary applicant, or more consumer applicable law. Su agrees that CNH C agencies, the Dea subsidiaries and a or other means. Ap provide CNH Capi	Co-applicant(s), reporting agenc ch purposes may capital shall be p er referenced be filiates of CNH C plicant agrees to al with such info trative purposes	Officer(s), les (credit rinclude a ermitted to low, other Capital, an allow CN rmation. C only. CNF	Partner(s) or 0 bureaus) and assisting in mal o disclose such r creditors of Ap d with its succo H Capital to ve CNH Capital ma d Capital will co	Guaranto other inf king a cr informa oplicant, essors in rify your ay keep onduct its with any	or(s), (cornati edit de ation au third p n intere- emplo this ap s own i / telepl	collectively "/ on about you ecision, secu nd informatio parties that C est, buyers, i pyment, pay l oplication and review of you	Applican u in con uritization on regar CNH Cap investor history a d inform ur applic r, includ	it", "you nection n, seco ding th bital rea s and r and fina ation a sation; s	" and "yo with this ndary ma e Account asonably b egulators, ncial info bout you b) You are mobile n	ur"), tran irket t and belie , in c rmat whet auth	agrees the saction for sale and d CNH Ca eves are cour efforts tion, and t ther or no horized to per, that C	at CNH or all legi assisting pital's cr onductin to raise hat anyo t the app sign on	Capita timate o in co edit e g cree capita ne reo licatio behal	al may of e purpo ollection experien dit inqui al throu ceiving on is ap If of any	bbtain a c ses and a n activity a nce with A iries in ac gh securi a copy of pproved; 4 v entity list	onsur is oth and m pplica corda tizatic this a b) Dea ted; 6	("CNH Capital"); 2) ner credit report from on erwise allowed by onitoring; 3) Applicant ants, with credit reportin nce with applicable law on, secondary market sa pplication is authorized ler discussions of finan) You agree that by or debt collector it retain	

unilateral statement or court decree relative to marital property shall adversely affect a creditor's interest, unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. You must indicate the name of your spouse in the co-applicant/spouse/Secondary Applicant section of this application.

X

Signature of Primary Applicant or Representative	Printed Name	Title (not for In	Date		
x					
Signature of Secondary Applicant or Representative	Printed Name	Title (not for Inc	Date		
The undersigned certifies the name, address and ex	piration date on the Identification checked above is an exact match to the info	mation on this	Application.		
x					
Signature of Authorized Dealer Representative	Printed Name	Dealer #	App #	Date	