RETURN COMPLETED APPLICATION

Fax: 978-454-3325

Email: financing@equipmenteast.com

or your EE sales representative

CREDIT APPLICATION

WACKER NEUSON FINANCE

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME:

HEADQUARTERS ADDRESS: CITY: STATE: ZIP:

WEBSITE: COMPANY PHONE: TOTAL REVENUE (LAST FISCAL YEAR):

☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP NO. OF EMPLOYEES: YEAR INCORPORATED: STATE OF INCORPORATION:

CONTACT NAME: CONTACT EMAIL: CONTACT PHONE:

COMPANY OWNERSHIP INFORMATION (LIST ALL INDIVIDUALS WITH GREATER THAN 25% OWNERSHIP)

OWNER #1 FIRST NAME: OWNER #1 LAST NAME: SS#: OWNERSHIP %:

HOME ADDRESS: CITY: STATE: ZIP:

OWNER #2 FIRST NAME: OWNER #2 LAST NAME: SS#: OWNERSHIP %:

HOME ADDRESS: CITY: STATE: ZIP:

OWNER #3 FIRST NAME: OWNER #3 LAST NAME: SS#: OWNERSHIP %:

HOME ADDRESS: CITY: STATE: ZIP:

BANKING/FINANCING REFERENCES

COMPANY NAME: COMPANY CONTACT: CONTACT PHONE:

COMPANY NAME: COMPANY CONTACT: CONTACT PHONE:

COMPANY NAME: COMPANY CONTACT: CONTACT PHONE:

WACKER NEUSON DEALER INFORMATION

DEALER NAME: DEALER SALES REP:

EQUIPMENT DETAIL

EQUIPMENT DESCRIPTION: MODEL: PRICE:

EQUIPMENT DESCRIPTION: MODEL: PRICE:

EQUIPMENT DESCRIPTION: MODEL: PRICE:

EQUIPMENT DESCRIPTION: MODEL: PRICE:

EQUIPMENT DESCRIPTION: MODEL: PRICE:

FINANCING TERMS

TERM IN MONTHS: RATE: DOWN PAYMENT %: MONTHLY PAYMENT: (plus taxes) PURCHASE OPTION:

AUTHORIZATION

I HEREBY AUTHORIZE WACKER NEUSON FINANCE OR ITS AGENTS OR DESIGNEE(S) TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY BUSINESS AND/OR PERSONAL CREDIT AND FINANCIAL RESPONSIBILITY, AND TO OBTAIN INFORMATION FROM ANY CREDIT REPORTING AGENCY WITH RESPECT TO ME AND THE ABOVE NAMED CUSTOMER, IN CONNECTION WITH EXTENDING CREDIT AND/OR REVIEWING/COLLECTING THE ACCOUNT.

(As Stated Above) X

CUSTOMER SIGNATURE PRINT NAME & TITLE DATE

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION

IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT WACKER NEUSON FINANCE, 625 FIRST ST SE, SUITE 800, CEDAR RAPIDS, IOWA 52401 (319-365-8000) WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING 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 AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.