

DIT APPLICATION

A Prog	ram of De Lage Landen Financial Services								FAX: 866-287-1176
	Applicant Company Name						TYPE OF BUSI	NESS	
							☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC		
COMPANY INFORMATION	Applicant Company Address						Tax Payer ID Number		
	City State			Zip			State of Incorporation		Date Incorporated
	Primary Contact Name	Phone Number				Franchise Affiliation		Store #	
	Nature of Business	Years in Business				Number of Employees			
	Principal				Social Security Number				
	Home Address				Date of Birth				
BANK AND CREDIT INFORMATION	Bank Reference	Officer			Checking Acct. No.			Other Acct. No. (Type)	
	Address	Si			State	ate Zip Code		Phone Number	
	Secured Credit References				Contact Person			Phone Number	
	Secured Credit References			Contact Person					Phone Number
BANK	Secured Credit References			Contact Person				Phone Number	
	Make Model		New/Used Seria		al Number		Term in Months		SALE PRICE
									ATTACHMENTS
									ATTACHMENTS
8									NET TRADE-IN ()
TRANSACTION INFORMATION									DOWN PAYMENT ()
									FEES, ETC.
N N									INSURANCE
	Transaction Type Numl				ber of Advanced Payments				TOTAL AMOUNT
/SNI	☐ Rental Fleet ☐ Retail Installment ☐ Equipment Lease ☐ Used Equipment								TO FINANCE
₩ 2	SALES TAX METHOD		Monthly	Color	toursta (manth	h.l. A	0/	F	annat (attach contificate)
	Upfront \$ Financed \$-		IVIORILITIY	Sales	s tax rate (month	Agent	%	□ EXE	empt (attach certificate)
	insulation company					rigoni			
	Address	City				State		Zip Code	Phone Number
~ Z	Distributor/Dealer/Vendor Name				Т	Represent	ativo		I
	Distributor/Dealer/veridor Name					nepresent	alive		
DISTRIBUTOR Information	Location	City				State		Zip Code	Phone Number
	"Applicant" (which term includes the business entity as well urposes. De Lage Landen Financial Services, Inc. and/or its a information impacting this Application and provide to others in	as the unde	ersigned individ L"), or its design	uals(s)), certify to us s authorized to	that Appli o obtain in	cant is applying formation from	for credit for busine others concerning A	ess reasons, and not for personal, family or house- Applicant's credit and trade standing and other rel-
evant i	information impacting this Application and provide to others i	nformation	about its transact	ction a	nd experience	s with App	plicant, DLL may	y obtain credit repo	rts, including consumer_credit reports, in connec-

evant information impacting this 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 credit report was obtained and, if so, the name and address of the reporting agency which 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, Undersigned Individuals or Applicants owners 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. If Applicant is approved for credit, Applicant authorizes DLL to file financing statements regarding the transaction.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT OUR COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087. 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.

NOTICE: 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 IN GOOD FAITH EXPERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCIES THAT ADMINISTER COMPLIANCE WITH THIS LAW CONCERNING THE 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.

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.

X(SIGNATURE OF APPLICANT'S REPRESENTATIVE)	_ TITLE	DATE
X(SIGNATURE OF PRINCIPAL)	DATE	