

COMPANY INFORMATION	Applicant Company Name		TYPE OF BUSINESS	
	Applicant Company Address		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
	City		State	Zip
	State of Incorporation	Phone Number	Date Incorporated	
	Nature of Business	Tax ID#	Years in Business	
	Company Website		Email Address	
	Principal/Owner		Social Security Number	
Home Address				Date of Birth

UBO INFORMATION	If more room is required, please go to the section SUMMARY OF UBO(S) on the second page. Beneficial Owners are: 1. An individual, if any, who owns, directly or indirectly, more than 25 percent of the equity interests or Profit Sharing/Economic interest of the legal entity customer (e.g., each natural person that owns more than 25 percent of the shares of a corporation); or 2. If ultimate beneficial owner cannot be determined based on ownership, please provide the name of the natural person with effective control (day to day decision making). 3. If neither 1 or 2 apply, please provide the names of all Board of Directors (BODs), Executive Management.		
	First Name	Middle Initial	Last Name
	Country of Residence	DOB (MM/DD/YYYY)	Title / Position
	Ownership Type (Select One)		
	<input type="checkbox"/> 1. Ownership, economic interest, voting rights or shares > 25% % Ownership _____ % <input type="checkbox"/> 2. Person who exercises effective control <input type="checkbox"/> 3. BODs, Executive Management		

TRANSACTION INFORMATION	Make	Model	New/Used	Cost	SALE PRICE _____
					ATTACHMENTS _____
					ATTACHMENTS _____
	Attachment(s) Descriptions			Cost	NET TRADE-IN (_____)
	Trade-in(s) Description				DOWN PAYMENT (_____)
					TOTAL AMOUNT TO FINANCE _____
USAGE / APPLICATION <input type="checkbox"/> Rental Fleet <input type="checkbox"/> Normal/Clean <input type="checkbox"/> Freezer/Cooler <input type="checkbox"/> Foundry <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Recycling Metal/Paper <input type="checkbox"/> Moderately Abusive <input type="checkbox"/> Paper/Textile Mill <input type="checkbox"/> Corrosive <input type="checkbox"/> Other (Describe) _____					
Hours Operated Annually	Number of Advanced Payments	Finance Term	Purchase Option <input type="checkbox"/> FMV <input type="checkbox"/> \$1 <input type="checkbox"/> FPP0 <input type="checkbox"/> Loan		

You, the "Applicant" (which term includes the business entity as well as the undersigned individuals(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("DLL"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. DLL may obtain credit reports, including consumer credit reports, in connection with the Application and, at 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 it. 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 Applicant's 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 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 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.

By signing below, the undersigned represents and agrees that the individuals whose personal data is provided to DLL, on this form and any related credit application or documents, have consented: (i) to disclose all such personal data to DLL and (ii) for DLL to collect, use, and share such personal data in accordance with our privacy statement at dllgroup.com/usprivacy.

Hereby the undersigned declare(s) to have provided the information in this form truthfully and to notify DLL regarding changes to the UBO as soon as possible.

X _____ DATE _____
 (SIGNATURE OF PRINCIPAL / OWNER*)

SUMMARY OF UBO(S)

First Name	Middle Initial	Last Name	DOB (MM/DD/YYYY)	Ownership Type (Select One)	% Ownership
				<input type="checkbox"/> 1. Ownership, economic interest, voting rights or shares > 25% _____ %	
Country of Residence				<input type="checkbox"/> 2. Person who exercises effective control	
				<input type="checkbox"/> 3. BODs, Executive Management	
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