

Authorized Dealer Representative:

E-mail: Toll Free: Toll Free Fax: <u>vermeer.com</u> 888-301-4106 888-301-4109

This application is for the purpose of obtaining financing for the purchase of Vermeer equipment from Vermeer Corporation.

All information must be COMPLETE to be processed.

Date:

	AR	RE YOU A F	PRIOR CUST	OMER	OF VERMEER	CRE	DIT COR	PORA	TION? Y	ES N	0			
Business Name (exact legal entity) / Customer Name											Federal ID #			
				a Address (if different)							Telephone #			
Physical Address			ivialling	Mailing Address (if different)							Cell Phone #/Other			
City	<u>State</u> <u>Zip Code</u>				E-mail Address							***************************************		
Principal/Owner Name				Social Security #				Address			Te	Telephone #		
City				State				Zip Code			Ce	Cell Phone #/Other		
Related Party #1 Name				Social Security #				Address			Te	Telephone #		
City				State				Zip Code			Ce	Cell Phone #/Other		
Related Party #2 Name				Social Security #			Address			Te	Telephone #			
City				State				Zip Code			Ce	Cell Phone #/Other		
Corporation State ofPa			artnership	1	Sole Prop		LLC		Other			Years in Business		
Trade Reference Conta			Contact Na	act Name			count #		Telepho	Telephone #			Fax#	
Bank Reference Contact N				ame Acc			count #	t# Telephone#					Fax#	
Employer Name & Address Self Employed					Co-Borrower Employer Name & Address							Self Emplo	yed	
Annual Income											Annual Income \$			
Position/Title/Type of Business Phone				Position/Title/Type of Business							Business Phone			
Other Income So				rce Annual Amo						ual Amou	unt \$			
Primary Industry /	IRY BIOMASS C				JSTOM OPERATOR				OTHER Please describe:					
Do you Farm? Full Time Part Time				# of Acres Owned # of Acres R						s Rented	tented			
			# of Acres		Income Date	Estimated Ar		mount Other Inco		come	and the second second second second	nount		
Farm Income Have you ever declared bankruptcy? Yes			Yes		No		If yes, when?		nn?	1		\$		
If the financed am				includ	le last two year	r's fir				x returns	s			
Vermeer Credit red	quires proof o		at the time the limit will OR	ne contra provide		d del n insi	ivery of e urance	quipm	ent is ma	de.		er		
This information credit reports or worthiness and/	the undersig	ned individ	ual(s) and giv	re permi	ission to contac	t refe	rences s	hown h	nereon as	deemed				
Authorized Signature Title				<u>Date</u>						2				
Authorized Signature Tit				<u>Date</u>						2				
I, the undersigned referenced above.	Authorized D	ealer Repre	esentative, ve	erify that	the above info	rmati	on is true	and a	ccurate a	s transcri	bed fr	om the app	olicant	