



	APPLICANT'S NAME (Last, First, Middle)			OCIAL SECURITY N	Ю.		DATE OF (MM/DD/Y)		TELEPHONE N	UMBER
	MAILING ADDRESS	CITY				STATE				
GENERAL	PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING)					TY (REQUIRED)	IRED) COUNTY AND STATE OF WHERE EQUIPMENT WILL BE KEPT			
99	US CITIZEN IF NO, PERMANENT RESIDEN YES NO		DENT	MARITAL STATUS MARRIED UNMARRIED SEPARATED			DO YOU FARM? FULL TIME PART TIME		# OF ACRES OWNED/RENTED	
	EQUIPMENT USE:	STRUCTION/COMMERCIAL% PERSONAL/FAM STRIAL% OTHER% 'AL YARD% PLEASE DESCR			_%			YEARS IN FARMING BUSINESS		
BUSINESS or Co-Buyer(s)	LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP, LL				P, LLC OR CORPORATIONS:			YEARS IN BUSINESS		
	FED TAX ID			ORGANIZATION ID			STATE	STATE OF ORGANIZATION		
	TYPE OF BUSINESS LIMITED PARTNERSHIP LIMITED LIABLITY COMPANY (LLC) CORPORATION INDIVIDUAL GENERAL PARTNERSHIP OTHER (Please specify)									
	PRINCIPAL / OWNERSHIP INFORMATION An individual (1) who owns, directly or indirectly, more than 25% of the equity interests or Profit Sharing/Economic interest of the legal entity customer (e.g., each natural person that owns more than 25% of the shares of a corporation); OR (2) the name of the natural person with effective control (day to day decision making) OR if neither (1) or (2) apply, please provide the names of all Board of Directors (BODs)/Executive Management. Ownership Type: Ownership, economic interest, voting lights or shares ×25% Person who exercises effective control BODs/Executive Management									
BUSINE	PRINCIPAL/OWNE					COUNTRY OF RESIDENCE)	DATE OF BIRTH		% OWNED	TITLE/POSITIO
INFO	PRIMARY LENDER NAME		CIT	CITY, STATE		TELEPH	TELEPHONE		CONTACT	
	I									

NOTICE TO CALIFORNIA RESIDENTS: If married, you may apply for a separate account. NOTICE TO MAINE AND TENNESSEE RESIDENTS: You have the right of free choice in selecting the agent and insurer through or by which the insurance you obtain in connection with the credit you are applying for is placed. Your right of free choice is subject only to our right to approve the insurer you select on areasonably non-discriminatory basis related to the solverry and assessment policies of the insurer and its ability to service the policy. Your choice of insurer will not affect the credit decision or credit terms in any way, except that we may impose reasonable requirements concerning the creditworthiness of the insurer and scope of coverage chosen. NOTICE TO NEW YORK AND RHODE ISLAND RESIDENTS: A consumer report may be requested in connection with this application. If you ask us, we will tell you whether or not a consumer report was requested, and, if it was, we will tell you the name and address of the consumer reporting agency that furnished the report. NOTICE TO OHIO RESIDENTS: The Chio laws against discrimination require that all creditions make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Chio civil rights commission administers compliance with this law. NOTICE TO MARRED APPLICANTS RESIDING INVISCONSIN: No provision of any marital property agreement, unlateral statement under section 766.59 Wis. Stats. adversely affects the interests of the creditor unless the creditor prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. NOTICE TO ALL CUSTOMERS: USA PATRIOT Act.—Customer Identification Program — Enacted to help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify and reco

By signing below, I, whether signing individually as an Applicant, Co-Applicant or guarantor or as officer, partner or manager of the Applicant or Co-Applicant and whether or not I am personally liable for any credit. (1) affirm that the information provided in this application is true and correct and given for the purpose of obtaining credit; (2) instruct and authorize DLL Finance LLC and/or its affiliates and related parties (*DLL*) to check credit, contact references, and verify listed employment history and answer questions about DLL's credit experience with Applicant, Co-Applicant and me; and authorize and instruct my references and current and former employers to release such information to DLL; (3) instruct and authorize DLL to obtain consumer reports on me, in DLL's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; (4) authorize and direct DLL to share the results of any credit report, credit investigation or employment investigation (including the information contained in this application) with any dealer, manufacturer or other person assisting me in attempting to obtain an extension of credit (a 'Dealer') (5) authorize and direct DLL to use any such results to determine if I qualify for an offer of credit; (6) authorize and direct DLL to notify a Dealer about whether I qualify for any offers and the details of any such offers; (7) acknowledge that DLL may retain any information obtained as part of the application process whether or not the requested credit is granted; (8) authorize DLL to prepare and file against Applicant, Co-Applicant and/or me, a financing statement in form and substance acceptable to DLL sufficient to perfect a security interest in collateral arising in connection with financing applied for herein; (9) authorize DLL to prevale information about this transaction to others for the purpose of initiating, monitoring and servicing my account; and (10) authorize DLL to give a copy of this application to assure the q

whether or not to extend credit, if any, in accordance with applicable law. For additional information about our privacy practices, please review our privacy statement at diligroup.com/usprivacy.										
APPLICANT			CO-APPL							
		4								
Signature	(Individual)	Date	Signature	(Individual)	Date					
Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarant	Date or)	Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarar	Date ntor)					

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