

FINANCING APPLICATION



PLEASE COMPLETE AND FAX TO (800) 793-5832

3000 Lakeside Drive, Suite 200N
Bannockburn, IL 60015
Phone: (800) 727-5409
Fax: (800) 793-5832
<http://www.terexfinancial.com>

- *Required items in bold italics.*
- *If in business 5 years or fewer, or if 20 employees or fewer, personal information is required. When transaction exceeds \$100,000, two years' tax returns and personal financial statement also required.*
- *For transactions over \$100,000, two years' audited and interim financial statements are required.*

Customer and Billing Information

Company Legal Name _____ **Phone No.** _____

Fax No. _____ **Email Address** _____

Tradestyle _____ **D&B #** _____ **Federal Tax ID #** _____

Billing Address _____ **City** _____ **State** _____ **Zip** _____

Equipment Address _____ **City** _____ **State** _____ **Zip** _____

Years in Business _____ **No. of employees** _____ **Business Description** _____ **State of Incorporation** _____

Type of Business S-Corp Non-Profit Sole Proprietor Partnership Corporation Government

Parent Company Name _____ **City** _____ **State** _____ **Zip** _____

Personal Information of Proprietor, Partners or Major Shareholders

Principal Name _____ **Title** _____ **Soc. Sec. No.** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Bank/Lease References

Name of Bank _____ **Checking Account No.** _____

Phone No. _____ **Contact** _____ **Loan Account No.** _____

Leasing Company _____ **Phone No.** _____ **Account No.** _____

Authorization for Disclosure of Credit Information (THIS MUST BE SIGNED)

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

Authorization for Disclosure of Business Credit Information

Applicant hereby authorizes the release of credit information to TFS Capital Funding, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

Signature _____
(Authorized Representative of Credit Applicant)

Name _____ Date _____
(Please Print Name)

Authorization for Disclosure of Personal Credit Information

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to TFS Capital Funding, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau.

Signature _____
(An Individual)

Name _____ Date _____
(Please Print Name)

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 is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

If your application for business credit is denied or conditionally approved, you have the right to a written statement of the reasons for the denial or the conditional approval. To obtain the statement, please send a written request to CREDIT OPERATIONS, TEREX FINANCIAL SERVICES, 3000 Lakeside Dr., Ste 200N, Bannockburn, IL 60015 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.

Transaction Information (MUST BE COMPLETED BY DEALER)

Dealer Name _____ **Contact** _____ **Phone No.** _____

Financing Term (mos) _____ **Rate Factor** _____ **Monthly Payment (\$)** _____

Advance Payments (#) 0 1 2 **Transaction Type** FMV Purchase Option \$1 Buyout Loan Other _____

Equipment Model No. _____ **Description** _____

New Used **Equipment Amount (\$)** _____ **Amount Financed (\$)** _____

May we contact your customer if additional information is required? Yes No **Code** _____ **Expected Delivery Date** _____