

CNH Capital

CREDIT APPLICATION

Credit Application #
 Dealer Name CNH Capital
 Dealer City/State
 Dealer Phone
 Sales Person

Please fax completed application to (262) 636-6660

Construction Usage - Individual

CUSTOMER INFO	*First Name	M.I.	*Last Name	*SSN	*Date of Birth	DBA
	*Street Address		*City	*State	*County	*Zip Code
	*Home Phone	Business Phone	Email Address		Driver's License Number and State	
	*Occupation			*Primary Industry		

BUSINESS	*Business Type	<input type="checkbox"/> Partnership	Exact Business Name	*Tax ID	If Business Application, please provide President's information in space labeled for Customer Information.
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership			
	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Municipality			
Street Address		City	State	County	Zip Code
Home Phone	*Business Phone	*Occupation	*Primary Industry		

ADDITIONAL INFO	*Yr. Business Est.	State Formed	Formation Date	Type of Contractor	Gross Monthly Income	*Child support or separate maintenance income need not to be revealed if applicant does not wish it to be considered as a basis for repaying this obligation.
				<input type="checkbox"/> Prime <input type="checkbox"/> Sub	\$	
	Monthly Expenses \$	Net Worth \$	Residence	*Yr. Residence Est.	If Current Yrs at Residence are Less Than 3 Yrs, Prior Street Address, City, State	
			<input type="checkbox"/> Own <input type="checkbox"/> Rent			
*Has the applicant had any unsatisfied judgements rendered against them in the past 7 years, had equipment repossessed in the past 7 years, or been declared bankrupt in the past 10 years?				If yes, please specify:		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Employer Name			Employer Phone #		Yr Employment Began	

BANKING INFO	Bank Name	Contact Name	Bank Phone #
	Account #	Approximate Total Checking and Savings Balance \$	
	Main Equipment Lending Reference, Lender Name	Contact Name	Lender Phone # Account #

EQUIPMENT INFO	*N/U	Year	*Type	*Manufacturer	Series	*Model	Description	*Serial/VIN #	*Hours	*Sales Price		
										\$		
										\$		
										\$		
Equipment Location, Address/Suite #, City								State	County	Zip Code	Home Phone #	Total Sales Price
											\$	
*Will any of this equipment, that you are purchasing, be rented to another party?											Total Sales Tax	
<input type="checkbox"/> Yes <input type="checkbox"/> No											\$	

TRADE-IN INFO	Year	*Type	*Manufacturer	Series	*Model	Description	Serial/VIN #	Hours	*Allowance	*Amt. Owing	Net Trade-In
									\$	\$	\$
									\$	\$	\$
If customer owes another financial institution, owe to whom:											Total Net Trade-In
											\$

TERMS	<input type="checkbox"/> Contract/Loan	<input type="checkbox"/> Other	Program #	Program Description	*Frequency	<input type="checkbox"/> Semi-Annual	Rate	<input type="checkbox"/> Fixed	*Term	*Cash Down Payment
	<input type="checkbox"/> Fin. Lease				<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual		<input type="checkbox"/> Variable		\$
	<input type="checkbox"/> Oper. Lease				<input type="checkbox"/> Quarterly	<input type="checkbox"/> Irregular				
Contract/Lease Date	Interest Start Date	First Payment Date	Skips (months)	# of Advanced Payments	Annual Usage	Purchase Option	Est. Amt. Financed			
						\$	\$			

INS	PDI Company Name	PDI Deductible	PDI Agent Name	PDI Agent Phone #	PDI Policy #	Liability Company Name
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