Upon completing the following Credit Application we **must** have the following from you:

- The application to be fill out entirely
- The application must be signed by an officer of the company
- We will need a copy of the officer's driver's license that signed the application

If you have any questions regarding the application please do not hesitate to contact Georgia Clingan 215-348-9041 ext 614 or gclingan@eagleptt.com

CNH INDUSTRIAL CAPITAL™ PRODUCTIVITY PLUS™ ACCOUNT APPLICATION - U.S.

NOTE: Taxpayer ID Number is require USAGE: □ AG □ CE/Non-AG Organization Type: □ Embassy □ Non-Profit □ Governme If a financial institution, specify the type: ○ Bank: license and transfer/invest/lend money. Funds: mutual funds, hedge funds, pension funds: Malain and f	ent Financial Institution Bank O Non-Bank O y; Non-Bank: no bank licent funds, private equity funds; licent funds, private equity funds above): In provide Home Phone Nuticipated Monthly Highest Funds fun	ness to subriverification verification wed on the a Act, except a REQUIRE on Other Funds O Misse but transfer MSB: exchanged on Other Funds O Misse but transfer MSB: exchanged on Other Funds O Misse but transfer MSB: exchanged on Other MSB: excha	SB (Money Service Business) (Invest/Iend money (Insurance companies, credit card companies, etc.); (Invest/Iend Money (Invest/Iend Liability Card, 24 characters material) (Invest/Iend Liability Card, 24 char	etor, oli/Embassy Partnershij aximum): de: de:
NOTE: Taxpayer ID Number is require USAGE: □ AG □ CE/Non-AG Organization Type: □ Embassy □ Non-Profit □ Governme If a financial institution, specify the type: ○ Bank: license and transfer/invest/lend money. Funds: mutual funds, hedge funds, pension funds: Malain and f	ent Financial Institution Bank O Non-Bank O y; Non-Bank: no bank licent funds, private equity funds; licent funds, private equity funds above): In provide Home Phone Nuticipated Monthly Highest Funds fun	ness to subriverification verification wed on the a Act, except a REQUIRE on Other Funds O Misse but transfer MSB: exchanged on Other Funds O Misse but transfer MSB: exchanged on Other Funds O Misse but transfer MSB: exchanged on Other MSB: excha	it this application. If the information is incomplete, we may not be able to proce Unless you qualify for a Business Liability Account, both the Authorized Officer a account. Or Sole Proprietors. Social Security Number is required if you are a sole proprietic DFOR ALL APPLICANTS Business Type Business Phone Number	etor, oli/Embassy Partnershij aximum): de: de:
Organization Type: □ Embassy □ Non-Profit □ Governme If a financial institution, specify the type: O Bank: license and transfer/invest/lend money Funds: mutual funds, hedge funds, pension fur Full Legal Business Name: Physical Address (If Sole Proprietor, provide I Billing Address (If Gole Proprietor, provide I Billing Address (If different than Physical Address: Phone Number (If Sole Proprietor, Business Phone Number: Anti Anti Address: If you provide your email address, Citibank, CNH Industrial America LLC and CNH In	ent Financial Institution Deank O Non-Bank: no bank icen funds, private equity funds; idends, private equity funds; idends above): The provide Home Phone Nuticipated Monthly Highest Funds idends i	on Other Funds O M. Funds O M. See but transfer MSB: exchang Gox): Sox): Ext: Purchase Voluet, you about yo, both of which count has be FFICER (F	Business Type Business Type Business Type Business (Business) firrvast/lend money (insurance companies, credit card companies, etc.); Name of Business (As you would like it to appear on your card, 24 characters ma city. City: State: Zip Cod Billing Phone Number (If different than Business Phone Number)*: Ext: Drug account and tell you about useful products and services, You are also providing your end than you sell to send you offers and news about the latest merchandise, promotions and sal Number of Cards Requested*: Number of Cards Requested*: 1	noi/Embassy Partnershi aximum): de: de: mail address ales.
□ Émbassy □ Non-Profit □ Governme If a financial institution, specify the type: ○ Bank: license and transfer/invest/end money. Funds: mutual funds, hedge funds, pension fit. Full Legal Business Name: Physical Address (If Sole Proprietor, provide I Billing Address (If different than Physical Add Business Phone Number (If Sole Proprietor, Business Phone Number: Anti Business Fax Number: Anti Email Address: If you provide your email address, Citibank, CNH Industrial America LLC and CNH Indus In Business Since (YYYYY): Num To acquire more cards, please contact cust The person signing below certifies, agreenamed as an Authorized Officer (the Buston of Sole II) Disclosures and Terms and Conditions of you agree to pay all charges incurred upplication on behalf of the applicant; (4) and any guarantor from employers, bant to collect on any account resulting from credit-related information we obtain or duture extensions of credit. This includes Signature of Authorized Officer or Sole II First Name: Initia City: Home Phone*:	De Bank O Non-Bank O y Non-Bank I oo y Non-Bank: no bank licen funds, private equity funds; home Address) (No P.O. Eddress above): If the Address (No P.O. Eddress above): If provide Home Phone Nuticipated Monthly Highest Funds and I of the Address above): If the Address above (No P.O. Eddress above): If the Address (No P.O. Eddress above (No P.O. Eddress above): If the Address (No P.O. Eddress above): If the Addre	Funds O M se but transfer MSB: exchang Box): Ext: Purchase Volu tyou about ye both of which coount has be FFICER (F	Business Type Business Type Business (Are you would like it to appear on your card, 24 characters man work (Insurance companies, credit card companies, etc.); In Ame of Business (As you would like it to appear on your card, 24 characters man work (City: State: Zip Codd City: State: Zi	noi/Embassy Partnershi aximum): de: de: mail address ales.
Physical Address (If Sole Proprietor, provide in Billing Address (If different than Physical Address Phone Number (If Sole Proprietor, Business Phone Number: Anti-Business Pax Number: Number Pax Number Phone*: Anti-Business Pax Number (If Sole Proprietor, Children Phone*: Anti-Business Phone Number (If Sole Proprietor, Children Phone*: Anti-Business Phone Phone*: Anti-Business Pax Number (If Sole Proprietor, Pax Number (If Sole Proprietor, Children Phone*: Anti-Business Pax Number (If Sole Proprietor, Pax Number (If Sole Proprietor, Children Phone*: Anti-Business Pax Number (If Sole Proprietor, Pax Number (If Sole Proprietor, Anti-Business Pax Number (If Sole Proprietor, Children Phone*: Anti-Business Pax Number (If Sole Proprietor, Pax Number (If Sole Proprietor, Anti-Business Pax Number (If Sole Proprietor, Anti-Business Pax Number (If Sole Proprieto	ddress above): r, provide Home Phone Nu ticipated Monthly Highest F N.A. may use it to contact strial Capital America LLC mber of Employees: tomer service after your ac AUTHORIZED OI ses or authorizes as follo siness, such Sole Propria iable for all amounts ow of Offer, (2) agree to the under such terms; (3) ce under such terms; (3) ce yield authorize us to obtain ks, credit bureau, and o this application; and (5) develop concerning you information we get from	Purchase Voluct you about you both of which count has be	City: State: Zip Cod City: State: Zip Cod Billing Phone Number (If different than Business Phone Number)*: Ext: The: Federal Taxpayer ID Number (optional for Sole Proprietor): Dur account and tell you about useful products and services. You are also providing your enter may use it to send you offers and news about the latest merchandise, promotions and sale Number of Cards Requested*: Annual Revenue: Dur account Business above and in their personal capacity in the case of a Sole Proprietor of the Business above and in their personal capacity in the case of a Sole Proprietor (a Authorized Officer collectively, "you" or "your"); you agree that the Business and succount. By signing below, you also: (1) certify that you have read and agree to the conditions of the Citibank Card Agreement that will be sent with your card if credit is no information provided in this application is true and correct and you are authorized bout you personally (whether or not you have personally guaranteed the account), you your identify and to determine the applicant's eligibility for credit, future extensions of to share with CNH Industrial Capital America LLC, pousiness for the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of determining the applicant's eligibility for credit, renewal of the state of the purpose of the purpose of the purpose of the purp	de: de: mail address ales.
Billing Address (If different than Physical Address: Business Phone Number (If Sole Proprietor, Business Fax Number: Anti Email Address: If you provide your email address, Citibank, CNH Industrial America LLC and CNH Indus In Business Since (YYYY): Num To acquire more cards, please contact custor The person signing below certifies, agree named as an Authorized Officer (the Bus Officer, if any, are jointly and severally lia Disclosures and Terms and Conditions of you agree to pay all charges incurred un application on behalf of the applicant; (4) and any guarantor from employers, bank to collect on any account resulting from credit-related information we obtain or of future extensions of credit. This includes Signature of Authorized Officer or Sole F First Name: Initia City: Home Phone*:	ddress above): r, provide Home Phone Nu ticipated Monthly Highest F N.A. may use it to contact strial Capital America LLC mber of Employees: tomer service after your ac AUTHORIZED OI ses or authorizes as follo siness, such Sole Propria iable for all amounts ow of Offer, (2) agree to the under such terms; (3) ce under such terms; (3) ce yield authorize us to obtain ks, credit bureau, and o this application; and (5) develop concerning you information we get from	Purchase Voluct you about you both of whice count has be	City: State: Zip Cod Billing Phone Number (If different than Business Phone Number)*: Ext: The: Federal Taxpayer ID Number (optional for Sole Proprietor): Duraccount and tell you about useful products and services. You are also providing your end may use it to send you offers and news about the latest merchandise, promotions and sale Number of Cards Requested*: Annual Revenue: Duraccount Business above and in their personal capacity in the case of a Sole Proprietor of the Business above and in their personal capacity in the case of a Sole Proprietor about the Business above and in their personal capacity in the case of a Sole Proprietor of the Business above and in their personal capacity in the case of a Sole Proprietor about the Business and succeptually (whether or not your"): you agree that the Business and succeptually the provided in this application is true and correct and you are authorized bout you personally (whether or not you have personally guaranteed the account), you consider the applicant's eligibility for credit, future extensions of the same with CNH Industrial Capital America LLC and CNH Industrial America LLC, pusiness for the purpose of determining the applicant's eligibility for credit, renewal of the succept in the succeptual purpose of determining the applicant's eligibility for credit, renewal of the succeptual purpose of determining the applicant's eligibility for credit, renewal of the succeptual purpose of determining the applicant's eligibility for credit, renewal of the succeptual purpose of determining the applicant's eligibility for credit, renewal of the succeptual purpose of determining the applicant's eligibility for credit, renewal of the succeptual purpose of determining the applicant's eligibility for credit, renewal of the succeptual purpose of determining the applicant's eligibility for credit, renewal of the succeptual purpose of determining the applicant's eligibility for credit is the succeptual purpose of determining the applicant's eligibility for credit is the s	de: mail address al es.
Business Phone Number (If Sole Proprietor, Business Fax Number: Email Address: If you provide your email address, Citibank, CNH Industrial America LLC and CNH Indus In Business Since (YYYY): Num To acquire more cards, please contact cust The person signing below certifies, agreenamed as an Authorized Officer (the Bus Officer, if any, are jointly and severally like Disclosures and Terms and Conditions of you agree to pay all charges incurred un application on behalf of the applicant; (4) and any guarantor from employers, bank to collect on any account resulting from credit-related information we obtain or druture extensions of credit. This includes Signature of Authorized Officer or Sole If First Name: Initia City: Home Phone*:	r, provide Home Phone Nuticipated Monthly Highest Fig. N.A. may use it to contact strial Capital America LLC mber of Employees: tomer service after your act AUTHORIZED Offices or authorizes as followings, such Sole Propriable for all amounts ow of Offer, (2) agree to the under such terms; (3) cervice us to obtain ks, credit bureau, and of this application; and (5) develop concerning you information we get from	Purchase Volu	Billing Phone Number (If different than Business Phone Number)*: Ext: me: Federal Taxpayer ID Number (optional for Sole Proprietor): pur account and tell you about useful products and services. You are also providing your enter may use it to send you offers and news about the latest merchandise, promotions and sal Number of Cards Requested†: 1	mail address al es.
Business Fax Number: Email Address: If you provide your email address, Citibank, CNH Industrial America LLC and CNH Indus In Business Since (YYYY): Num To acquire more cards, please contact cust. The person signing below certifies, agreenamed as an Authorized Officer (the Bus Officer, if any, are jointly and severally librosoures and Terms and Conditions of you agree to pay all charges incurred un application on behalf of the applicant; (4 and any guarantor from employers, bank to collect on any account resulting from credit-related information we obtain or druture extensions of credit. This includes Signature of Authorized Officer or Sole In Initial City: Home Phone*:	iticipated Monthly Highest F. N.A. may use it to contact strial Capital America LLC mber of Employees: tomer service after your at AUTHORIZED OI ses or authorizes as followiness, such Sole Propritiable for all amounts ow of Offer, (2) agree to the under such terms; (3) certain application; and (5) authorize us to object for this application; and (5) develop concerning you information we get from	Purchase Volu	re: Federal Taxpayer ID Number (optional for Sole Proprietor): bur account and tell you about useful products and services. You are also providing your enter may use it to send you offers and news about the latest merchandise, promotions and sal Number of Cards Requested†: \[\begin{array}{cccccccccccccccccccccccccccccccccccc	
Email Address: If you provide your email address, Citibank, CNH Industrial America LLC and CNH Indus In Business Since (YYYY): Num To acquire more cards, please contact cust. The person signing below certifies, agreenamed as an Authorized Officer (the Bustofficer, if any, are jointly and severally lib. Disclosures and Terms and Conditions of you agree to pay all charges incurred unapplication on behalf of the applicant; (4) and any guarantor from employers, bank to collect on any account resulting from credit-related information we obtain or druture extensions of credit. This includes Signature of Authorized Officer or Sole In Initial City: Home Phone*:	, N.A. may use it to contact strial Capital America LLC mber of Employees: tomer service after your act AUTHORIZED OI to see or authorizes as followings, such Sole Propriable for all amounts ow of Offer, (2) agree to the under such terms; (3) cee all authorize us to obtain ks, credit bureau, and of this application; and (5) develop concerning you information we get from	ot you about you both of whice count has be	our account and tell you about useful products and services. You are also providing your entermay use it to send you offers and news about the latest merchandise, promotions and sall Number of Cards Requested†:	
If you provide your email address, Citibank, CNH Industrial America LLC and CNH Industrial America LLC and CNH Industrial America LLC and CNH Industrial In Business Since (YYYY): Numerical Industrial Industri	mber of Employees: tomer service after your ac AUTHORIZED OI ses or authorizes as follor siness, such Sole Proprii liable for all amounts ow of Offer, (2) agree to the inder such terms; (3) ce inder such terms; (3) ce inder such terms; (3) co this application; and (5) develop concerning you information we get from	ccount has be	Number of Cards Requested†: Annual Revenue:	
In Business Since (YYYY): Num To acquire more cards, please contact custs The person signing below certifies, agreen amed as an Authorized Officer (the Business of the Authorized Officer of Sole of the Authorized Officer of Sole of the Authorized Officer or Sole of Initial Officer or Sole of Initial Officer or Sole of Initial Officer Off	mber of Employees: tomer service after your ac AUTHORIZED OI ses or authorizes as follor siness, such Sole Proprii liable for all amounts ow of Offer, (2) agree to the inder such terms; (3) ce inder such terms; (3) ce inder such terms; (3) co this application; and (5) develop concerning you information we get from	ccount has be	Number of Cards Requested†: Annual Revenue:	
In Business Since (YYYY): Num To acquire more cards, please contact custs The person signing below certifies, agreen amed as an Authorized Officer (the Business of the Authorized Officer of Sole of the Authorized Officer of Sole of the Authorized Officer or Sole of Initial Officer or Sole of Initial Officer or Sole of Initial Officer Off	mber of Employees: tomer service after your ac AUTHORIZED OI ses or authorizes as follor siness, such Sole Proprii liable for all amounts ow of Offer, (2) agree to the inder such terms; (3) ce inder such terms; (3) ce inder such terms; (3) co this application; and (5) develop concerning you information we get from	ccount has be	Number of Cards Requested†: Annual Revenue:	
The person signing below certifies, agree named as an Authorized Officer (the Bus Officer, if any, are jointly and severally lib Disclosures and Terms and Conditions of you agree to pay all charges incurred un application on behalf of the applicant; (4) and any guarantor from employers, ball to collect on any account resulting from credit-related information we obtain or druture extensions of credit. This includes Signature of Authorized Officer or Sole First Name: Initia City: Home Phone*:	AUTHORIZED OF SES or authorizes as followiness, such Sole Proprisitable for all amounts own of Offer, (2) agree to the under such terms; (3) cellowiness, credit bureau, and on this application; and (5) develop concerning you information we get from	FFICER (F	en established. Buyer full name and date of birth will be required when calling. DR ALL ACCOUNTS EXCEPT BUSINESS LIABILITY ONLY) of the Business above and in their personal capacity in the case of a Sole Proprietor of Authorized Officer collectively, "you" or "your"); you agree that the Business and succount. By signing below, you also: (1) certify that you have read and agree to the conditions of the Citibank Card Agreement that will be sent with your card if credit is reinformation provided in this application is true and correct and you are authorized bout you personally (whether or not you have personally guaranteed the account), ye your identity and to determine the applicant's eligibility for credit, future extensions of oshare with CNH Industrial Capital America LLC and CNH Industrial America LLC, ousiness for the purpose of determining the applicant's eligibility for credit, renewal overs. It also includes information about your transactions with us.	r or a perso th Authorize e Credit Car granted an d to sign th our busines of credit, an any credit or or credit, an
The person signing below certifies, agree named as an Authorized Officer (the Bus Officer, if any, are jointly and severally lib Disclosures and Terms and Conditions of you agree to pay all charges incurred un application on behalf of the applicant; (4) and any guarantor from employers, ball to collect on any account resulting from credit-related information we obtain or druture extensions of credit. This includes Signature of Authorized Officer or Sole First Name: Initia City: Home Phone*:	AUTHORIZED OF SES or authorizes as followiness, such Sole Proprisitable for all amounts own of Offer, (2) agree to the under such terms; (3) cellowiness, credit bureau, and on this application; and (5) develop concerning you information we get from	FFICER (F	of the Business above and in their personal capacity in the case of a Sole Proprietor Authorized Officer collectively, "you" or "your"; you agree that the Business and succount. By signing below, you also: (1) certify that you have read and agree to the conditions of the Citibank Card Agreement that will be sent with your card if credit is ne information provided in this application is true and correct and you are authorized bout you personally (whether or not you have personally guaranteed the account), you your identity and to determine the applicant's eligibility for credit, future extensions of to share with CNH Industrial Capital America LLC, pusiness for the purpose of determining the applicant's eligibility for credit, renewal cers. It also includes information about your transactions with us.	r or a persoch Authorize Credit Car granted and to sign the our busines of credit, an any credit, an
Signature of Authorized Officer or Sole First Name: Initia City: Home Phone*:	ses or authorizes as follo siness, such Sole Proprie lable for all amounts ow of Offer, (2) agree to the under such terms; (3) ce t) authorize us to obtain ks, credit bureau, and o this application; and (5) develop concerning you information we get from Proprietor:	ws on behalf etor and such ved on the a e terms and of ertify that all the information a thers, to verify authorize us and/or your n you and oth	of the Business above and in their personal capacity in the case of a Sole Proprietor Authorized Officer collectively, "you" or "your"): you agree that the Business and succeount. By signing below, you also: (1) certify that you have read and agree to the conditions of the Citibank Card Agreement that will be sent with your card if credit is ne information provided in this application is true and correct and you are authorized bout you personally (whether or not you have personally guaranteed the account), by your identity and to determine the applicant's eligibility for credit, future extensions of to share with CNH Industrial Capital America LLC, and CNH Industrial America LLC, ousiness for the purpose of determining the applicant's eligibility for credit, renewal cers. It also includes information about your transactions with us.	or a persoch Authorize Credit Car Credit Car Granted an to sign the Cour busines of credit, an any credit, an
City: -fame Phone*:				
Home Phone*:	al: Last Name:		Home Address (No P.O. Box):	
			State: Zip Code: Date of Birth (MM/DD)	/YYYY):
By giving us a cell number or a number later of	NRACA (1984)		Social Security Number: Annual Income:	
text. Tour priorie plant charges may apply.	converted to a cell numbe	er, you agree th	at we or our service providers can contact you at that number by autodialer, recorded or artif	ficial voice, o
		ess for at lea	riteria, you may be eligible for a Business Liability Only account: t 2 years • Government (including public schools) • Non-profit organization	
			ESS LIABILITY ONLY	
by signing below, you: (1) certify that yo the Citibank Card Agreement that will be provided in this application is true and of personally (whether or not you have per- identity and to determine the applicant's share with CNH Industrial Capital Americ business for the purpose of determining to business for the purpose of determining to the CNH industrial Capital Americ business for the purpose of determining to the CNH industrial Capital American business for the purpose of determining to the CNH industrial Capital the CNH industrial Capital the CNH industrial Capital the CNH industrial Capital the CNH industrial the CNH i	ou have read and agree e sent with your card if c correct and you are au rsonally guaranteed the s eligibility for credit, fut, ica LLC and CNH Indus the applicant's eligibility if	to the Credit is grant thorized to s account), youre extension strial America for credit, ren	t Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and ced and you agree to pay all charges incurred under such terms; (3) certify that all the ign the application on behalf of the applicant; (4) authorize us to obtain information in business and any guarantor from employers, banks, credit bureau, and others, to so credit, and to collect on any account resulting from this application; and (5) aut LLC, any credit or credit-related information we obtain or develop concerning you ewal or credit, and future extensions of credit.	conditions of e information about you to verify you thorize us to and/or you
Signature of Company's Authorized Office			Date	
First Name: Initial	al: Last Name:		Home Address (No P.O. Box):	
Dity:			State: Zip Code: Date of Birth (MM/DD/	////) :
AD	DITIONAL PROD	UCTIVITY	PLUS ACCOUNT AUTHORIZED BUYERS"	
irst Name:		Initial: Last I	Name: Date of Birth (MM/DD/	/ / ///):
irst Name:		Initial: Last I	Name: Date of Birth (MM/DD/	/ / / / /
'An authorized buyer is any person authorized	d to purchase on the accor		FOR INTERNAL USE ONL	V·
D Type (Required):		ber (Required		ageographic and North

CNH Capital

Commercial Credit Application

Page 2 of 2 Fax Back to Lise' Gahman 215-699-5374

Agreement

Applicant and Co-Applicant, if any, (collectively "Applicant", "you" and "your"), submit this application for the purpose of obtaining business/commercial credit from CNH Capital America LLC ("CNH Capital"). Applicant agrees that CNH Capital may obtain a consumer credit report from one or more consumer reporting agencies (credit bureaus) in connection with your application and as otherwise allowed by applicable law. Applicant agrees to allow CNH Capital to verify your employment, pay, assets, and debts and that anyone receiving a copy of this application is authorized to provide CNH Capital with such information. You further authorize CNH Capital to gather whatever credit and employment history necessary and appropriate in evaluating this application. CNH Capital may keep this application and information about you whether or not the application is approved. Applicant certifies that the information on the first page of this application is frue

Applicant agrees that if a revolving account (the "Account") is opened in response to this application; (i) the Account and any related cards (if cards are issued to access the Account) shall be governed by the terms and conditions of the agreement establishing the Account as it may be amended from time to time; (ii) Applicant shall be responsible for all charges, advances and fees made or incurred under the Account by Applicant or anyone authorized or permitted by Applicant to use the Account and/or the card(s) (if cards are issued to access the Account).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name. address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

State Notices

Ohio Residents - The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

California Residents - A married applicant may apply for an individual account. Maine Residents - You have the right to choose the agent and insurer for the insurence required by this transaction, but the insurer must be approved by the

New York Residents - A consumer credit report may be obtained in connection with this application and may also be requested or utilized in connection with an

New York Residents - A consumer credit report may be obtained in connection with this application and may also be requested or utilized in connection with an update, renewal, or extension of credit. If you request, you will be informed if a consumer report was obtained and you will be provided with the name and address of the consumer reporting agency that gave us the report.

Vermont Residents - By signing below you authorize us and our employees or agents to obtain and verify information about you (including one or more credit reports, information about your employment and banking and credit relationships) that we may deem necessary or appropriate in evaluating your credit application. If your application is approved and the credit is given, you also authorize us, and our employees and agents, to obtain additional credit reports and other information about you in connection with reviewing the account, taking collection on the account, or for any other legitimate purpose.

Married Wisconsin Residents - Wisconsin law provides that no agreement unliateral statement or court decree relative to marital property shall adversely affect a creditor's interest, unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. You must indicate the name of your spouse in the co-applicant/spouse section of this application.

Illinois Residents - (a) No applicant may be denied a credit card on account of race, color, religion, national origin, ancestry, age (between 40 and 70), sex, marital status, physical or mental handicap unrelated to the ability to pay or unfavorable discharge from military service; (b) the applicant may request the reason for rejection of his or her application for a credit card; (o) no person need reapply for a credit card solely because of a change in marital status unless the change in marital status and a deterioration in the person's financial position; and (d) a person may hold a credit card in a generally known by so long as no fraud is intended thereby.

EAGLE POWER AND EQUIPMENT CORP. ACCOUNTS RECEIVABLE SYSTEM AGREEMENT EAGLE POWER AND EQUIPMENT CORP., AND THE APPLICANT, AGREE THAT THE APPLICANT MAY OBTAIN MERCHANDISE AND/OR SERVICES ON THE EAGLE POWER AND EQUIPMENT CORP. ACCOUNTS RECEIVABLE SYSTEM PURSUANT TO THE FOLLOWING TERMS & CONDITIONS:

- 1. Applicant agrees to pay his Eagle Power and Equipment Corp. accounts receivable system balance according to the following terms:
 - Parts invoices are due and payable on or before thirty days of the date of the invoices.
 - Service invoices are due and payable on receipt
- C. Rentalilease payments are due and payable on receipt, and
 D. Machinery charges are due and payable as invoiced.
 2. If applicant permits any charges to remain unpaid for 30 days past
 the due date described in paragraph "1", applicant agrees to pay in addition to the outstanding balance a FINANCE CHARGE determined by multiplying the outstanding balance on the closing date of the

billing cycle by a periodic rate as set forth below.

ANNUAL PERCENTAGE RATE 12%

- 3. Charges made, payments and credits received after the closing date of a billing cycle will appear on the next month's statement. 4. Applicant may prepay his account in full or in part at any time.
- 5. To secure payment of any credit extended to applicant, applicant grants to Eagle Power and Equipment Corp. a purchase money security interest under article 9 of the Uniform Commercial Code, applicable in the state of residence of the applicant on all merchandise purchased pursuant to the terms of the Eagle Power and Equipment Accounts Receivable System Agreement and described in the involce received by applicant at the time of purchase.
- If applicant fails to pay the new balance shown on any monthly statement when due, Eagle Power and Equipment Corp. may declare the entire unpaid balance immediately due and payable and shall have in addition to all other rights and remedies, the rights and remedies of a secured party under the Uniform Commercial Code. In the event this account is placed in the hands of an attorney not a salaried employee of the holder of this account for collection through legal proceedings or otherwise, applicant will pay attorney fees and court costs incurred by
- Eagle Power and Equipment Corp.

 7. Eagle Power and Equipment Corp. may assign the account balance of applicant. In the event of such assignment applicant shall perform all promises herein contained to such assignee as the owner hereof.

 8. Any provision of this agreement prohibited by the laws of any state or
- United States, or any province of Canada shall be effective to the extent of such prohibition without invalidating the remaining portions of the
- agreement.

 9. If applicant falls to comply with any payment terms as cuillned in Paragraph 1, Eagle Power and Equipment Corp. reserves the right without any prior notice to terminate this agreement.
- Notice: See accompanying statement for important information regarding your rights to dispute billing errors.