Upon completing the following Credit Application we <u>must</u> 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 Lise' Gahman at 215-699-5871 ext 415 or Amanda Smith at 215-699-5871 ext 405.

REQUIRED FOR ALL APPLICANTS provincion Type Enbassy D. Non-Thotal: Clovermore Climated Institution Climated Business Type Enbassy D. Non-Thotal: Climated Institution Climated Business Type Enbassy D. Non-Thotal: Climated Institution Climated Institution Climated Business Type Instit	ERCHANT NAME: Eagle Powe	r and Equipment			MERCHANT CITY	//STATE: Montgomeryville,PA		
Laur must be a Sole Proprietor or be authorized by the Business to authority to work of profit and the applications. Support the documents may be reliated for visitions usually for a Business Lability Account both the Authorized Officer and the applications. Support Districts of required if you are a sole proprietor. RECURSED FOR ALL APPLICATIS Super-standing the Control of the Sole Proprietors. Social Security Number is required if you are a sole proprietor. RECURSED FOR ALL APPLICATIS Super-standing the Control of Sole Proprietors. Social Security Number is required if you are a sole proprietor. Sole Proprietors from the Control of Sole Proprietors from the Control of Sole Proprietors from the Control of Sole Proprietor from the Contr				==				
Offer Tax pages of ID Number is required by the USA Pation And, except for Sole Proprietors, Social Source (Social Proprietor) Strategy of the Control Proprietor (Social Proprietor) Strategy of the Control Proprietor (Social Proprietor) Strategy of the Social Proprietor (Social Proprietor) Proprietor (Social Proprietor) Proprietor (Social Proprietor) Proprietor (Social Proprietor) Proprietor) Proprietor (Social Proprietor) Proprietor (Social Proprietor) Proprietor (Social Proprietor) Proprietor) Proprietor (Social Proprietor) Proprietor) Proprietor (Social Proprietor) Proprietor (Social Proprietor) Proprietor) Proprietor (Social Proprieto	article October Dec. Care		S -! 4-					
Offer Tax pages of ID Number is required by the USA Pation Act, except for Sole Proprietors. Social source by Number is required by you are a sole proprietor. RECURRED FOR ALL APPLICANTS Superioristics Type: Proprietor Type:	ou must be a Sole Proprieto ne application. Supporting d	or be authorized by the E ocuments may be required	d for verific	submit this a ation. Unless	pplication. If the inforr ou qualify for a Busin	mation is incomplete, we may ess Liability Account, both the	not be able Authorized	e to process d Officer and the
REQUIRED FOR ALL APPLICANTS was provided to Type Enbassy Divon-Pose II Geogramment	usiness will be jointly and se OTE: Taxpaver ID Number	everally liable for all amoun is required by the USA Pat	its owed or riot Act. ex	n the account. :cept for Sole I	Proprietors, Social Se	curity Number is required if y	ou are a so	le proprietor.
Embassy () Non-Pock Cooperiment Charactel Institution Other Business Type Service Susteins Service	· -	•		•	•			
a famous institution, specify the type: O Sank O Non-Bank of Lord School		O	N. dian	Otto D'	Τ			
under troutal under the depth under protect inner protection products and services (medical under choice cashes, dec.) Columber	f a financial institution, specify the type: OBank ONon-Bank OFunds OMSB (Money				y Service Business)		□ Corporation	
Name of Business Name	lank: license and transfer/invest/le unds: mutual funds, hedge funds	end money; Non-Bank: no bank . pension funds, private equity fu	k license but t Inds: MSB: e	ransfer/invest/ler xchange/transfe	nd money (insurance comp r/money mechanisms (cur	panies, credit card companies, etc.) rency dealer, check casher, etc.)		
illing Address (if different than Physical Address above): City: State: Zip Code:	ull Legal Business Name:	, [9			card, 24 cha	aracters maximum):
illing Address (if different than Physical Address above): City: State: Zip Code:	2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				City		States	Zin Codo:
usiness France Number (If Sole Proprietor, provide Home Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Prone Number (If different than Business Phone Number): Est: Silling Property Products and Silling Products of Silling Products and Silling Product	nysicai Address (ii Sole Proprieto	r, provide Home Address) (No i	P.O. Box):		City:		State:	Zip Code:
usiness Fax Number: Anticipated Monthly Highest Purchase Volume: Federal Taxpayer ID Number (optional for Scle Proprietor): mail Address: you provide you email address, Citibanik, N.A. may use it to contact you about your account and fell you about useful products and seniores, You are also providing your email address. NH: Industrial America LLC and ONI Industrial Capital America LLC, both of which may use it to send you offers and news about the listest merchandse, promotions and sales. NH: Industrial America LLC and ONI Industrial Capital Industrial Capital Industrial Capital ONI Industrial Capital	illing Address (If different than Pl	hysical Address above):			City:		State:	Zip Code:
usiness Fax Number: Anticipated Monthly Highest Purchase Volume: Federal Taxpayer (ID Number (optional for Sole Proprietor): mail Address: you provide your email address, Cibbank, N.A. may use it to contact you about your account and fell you about useful products and services. You are also providing your email address. Nish industrial America LLC, both of which may use it to send you offers and news about the fisted merchandise, promotions and sales. Nish industrial America LLC, both of which may use it to send you offers and news about the fisted merchandise, promotions and sales. Nish industrial America LLC and CNH industrial Capital America LLC, both of which may use it to send you offers and news about the fisted merchandise, promotions and sales. An industrial Capital America LLC and CNH industrial Capital CAP	Di Ni	D	- N A.	Te.a.	Data - Diseas North -	/// different them Dispines Dhome	Ni contravito	
mail Address: you provide your email address. Clibarik, N.A. may use it to contact you about your account and fall you about useful products and services. You are also providing your email address. NH industrial America LLC and CNH Industrial Capital America LLC, both of which may use it to send you offers and news about the latest merchandes, pomericans and address. NH industrial America LLC and CNH Industrial Capital America. **DATHORIZED OFFICER (FOR ALL ACCOUNTS EXCEPT BUSINESS LIABILITY ONLY)** **DATE OFFICER (FOR ALL ACCOUNTS EXCEPT BUSINESS LIABILITY ONLY)** **DATE OFFICER (FOR ALL ACCOUNTS EXCEPT BUSINESS LIABILITY ONLY)** **DATE OF THE PROPERTY OF THE PROPERT	susiness Phone Number (if Sole i	Proprietor, provide Home Phor	ie ivurriber)*:	EXT:	Billing Phone Number	(if different than Business Prione	number) :	EXI:
a scquire more cards, please contact customer service after your account has been established. Buyer full make a place of the purpose of a Sole Proprietor of a person signing below certifies, agrees or authorizes as follows on behalf of the Businesses such that the Businesses and sole businesses and sole Proprietor of a person gramed as an Authorized Officer following the Businesses and Sole Proprietor of a person gramed as an Authorized Officer following the Businesses and Sole Proprietor of a person gramed as an Authorized Officer (all agrees to the Businesses and Sole Proprietor of a person gramed as an Authorized Officer (all agrees to the Businesses and Sole Proprietor of a person gramed as an Authorized Officer (all agrees to the Businesses and Sole Proprietor of a person gramed as an Authorized Officer (all agrees to the Businesses and Sole Proprietor of Sole Proprietor (all agrees to the Businesses and Sole Proprietor) (all agrees to the Businesses and Sole	Business Fax Number:	Anticipated Monthly Hig	hest Purchas	e Volume:	Federal Taxpayer ID Number (optional for Sole Proprietor):			
you provide your email address. Cilibank, N.A. may use it to contact you about your account and tell you about useful products and services. You are also providing your email address. NNI industrial America LLC, both of which may use? It to send you offers and news about the latest merchandles, promotions and sales. Insuitates Since (YYYY): Amunitary of Carde Reguester!* Amunitary of Carde Reguester Amunitary of Car	7. 7. 4. 1.1							
In Business Since (MYYY):	mail Address:							
Business Since (YYYY): Number of Employees: Number of Cards Requested: Annual Revenue:	you provide your email address,	Citibank, N.A. may use it to c	ontact you al	bout your accou	nt and tell you about use	eful products and services. You are	e also provid	ing your email address
The person signing below certifies, agrees or authorizes as follows on behalf of the Business above and in the presental capacity in the case of a Sole Proprietor or a person prince of as an Authorized Officer (the Business, such Sole Proprietor and such Authorized Officer colectively, You' or Your') you agree that the Business as follows on behalf of the Business and earn and in their personal capacity in the case of a Sole Proprietor or a person prince of as an Authorized Officer (the Business, such Sole Proprietor and such Authorized Officer Colectively, You' or Your') you agree that the Business and such Authorized Officer (Colectively, You' or Your') you agree that the Business and such Authorized Officer (Colectively) and the colection of the application of the proprietor of the certification of the colection of the colec			a LLC, DOIN C	or which may us	Number of Cards Req	uested†:		
AUTHORIZED OFFICER (POR ALL ACCOUNTS EXCEPT BUSINESS LABILITY ONLY) The person signing below certifies, agrees or authorizes as follows on behalf of the Business and the personal capacity in the case of a Sole Proprietor or a personance as an Authorized Officer (Publishess, such sole Proprietor and such Authorized Officer object in their personal capacity in the case of a Sole Proprietor or a personance as an Authorized Officer (Publishess), and sole Proprietor and such Authorized Officer collectively, "Quil or your" you signee that the Business and Such Authorize us on a contract officer (Publishes) and Conditions of Officer, (Publi					E		j.	
The person signing below cortilies, agrees or authorizes as fellows on behalf of the Business above and in their personnal especify in the case of a Sole Proprietor or a personnel as an Authorized Officer of the Business, such activated of the provided Officer of the Business and such Authorized Officer of the Business and conditions of Offer, (2) agree to the terms and conditions of the Clibshork, Card Agreement that will be sent with your card if oredit is granted an our agree to pay all charges incurred under such lettings; (3) certify that all the information provided in this application is true and correct and you are authorized to sign the profession of the officer of the provided of the specifical (4) authorize us to obtain the information provided in this application is the under the provided of the specific of the provided of the specific officer of the provided of the provided officer of the provided officer of the provided of	o acquire more cards, please co	-			•		en calling.	
ignature of Authorized Officer or Sole Proprietor: Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box): State: Zip Code: Date of Birth (MM/DD/YYYY):	The many a significant to allow a south	for announced the income	fallaria an	behelf of the D	voices above and in th	poir personal conscituin the con	o of a Cala	Draniator or a paras
ignature of Authorized Officer or Sole Proprietor: Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box): State: Zip Code: Date of Birth (MM/DD/YYYY):	ine person signing below certi named as an Authorized Office	illes, agrees or autnorizes as er (the Business, such Sole P	roprietor an	benair or the B d such Authori	usiness above and in tr zed Officer collectively.	neir personal capacity in the cas "vou" or "vour"): vou agree that	se of a Sole the Busines	Proprietor or a person and such Authorized
ignature of Authorized Officer or Sole Proprietor: Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box):	Officer, if any, are jointly and s	severally liable for all amount	s owed on	the account.	By signing below, you	also: (1) certify that you have re	ead and ag	ree to the Credit Card
ignature of Authorized Officer or Sole Proprietor: Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box):	Disclosures and Terms and Co	onditions of Offer, (2) agree to	o the terms	and conditions	s of the Citibank Card /	Agreement that will be sent with	n your card	if credit is granted and
ignature of Authorized Officer or Sole Proprietor: Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box):	application on behalf of the app	plicant: (4) authorize us to of	ofain informa	ation about vol	i personally (whether or	r not you have personally guara	nteed the a	ccount), your business
ignature of Authorized Officer or Sole Proprietor: Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box): State: Zip Code: Date of Birth (MM/DD/YYYY):	and any quarantor from employ	vers. banks. credit bureau. a	ind others. t	o verify your id	entity and to determine	the applicant's eligibility for cree	dit, future ex	tensions of credit, and
ignature of Authorized Officer or Sole Proprietor: Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box):	o collect on any account resul	ting from this application; an	d (5) author	ize us to share	with CNH Industrial Ca	apital America LLC and CNH Inc	dustrial Ame	erica 止C, any credit o
ignature of Authorized Officer or Sole Proprietor: Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box): State: Zip Code: Date of Birth (MM/DD/YYYY):	credit-related information we o' uture extensions of credit. This	btain or develop conceming includes information we get	from you ar	your business nd others. It als	for the purpose of det o includes information a	emining the applicant's eligibilit about your transactions with us.	y tor creatt,	renewal or credit, and
ity: State: Zip Code: Date of Birth (MM/DD/YYYY): ome Phone*: Social Security Number: Annual Income: y giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or exit. You'r phone plan charges may apply. If your business meets any of the following criteria, you may be eligible for a Business Liability Only account: *LLC, Partnership or Corporation and in business for at least 2 years * Government (including public schools) * Non-profit organization BUSINESS LIABILITY ONLY Sy signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions on the Critical K Card Agreement that will be sent with your card if credit is granted and you agree to pay all charges incurred under such terms; (3) certify that all the information rovoided in this application is true and correct and you are authorized to sign the application on behalf of the applicant; (4) authorize us to obtain information about you sently and to determine the applicant's eligibility for credit, future extensions of credit, and to collect on any account resulting from this application; and (5) authorize us to have with coll inclustrial America LLC, and CNH industrial America LLC, and CNH industrial Capital America LLC, and CNH industrial Capital America LLC and CNH industrial Capital America LLC, and CNH industrial Capital America LC, and CNH industrial Capital America LC, and CNH industrial CNH ind	ignature of Authorized Office	r or Sole Proprietor:			1702 141 141 141 141 141 141 141 141 141 14		Date:	
ity: State: Zip Code: Date of Birth (MM/DD/YYYY): ome Phone*: Social Security Number: Annual Income: y giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or exit. You'r phone plan charges may apply. If your business meets any of the following criteria, you may be eligible for a Business Liability Only account: *LLC, Partnership or Corporation and in business for at least 2 years * Government (including public schools) * Non-profit organization BUSINESS LIABILITY ONLY Sy signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions on the Critical K Card Agreement that will be sent with your card if credit is granted and you agree to pay all charges incurred under such terms; (3) certify that all the information rovoided in this application is true and correct and you are authorized to sign the application on behalf of the applicant; (4) authorize us to obtain information about you sently and to determine the applicant's eligibility for credit, future extensions of credit, and to collect on any account resulting from this application; and (5) authorize us to have with coll inclustrial America LLC, and CNH industrial America LLC, and CNH industrial Capital America LLC, and CNH industrial Capital America LLC and CNH industrial Capital America LLC, and CNH industrial Capital America LC, and CNH industrial Capital America LC, and CNH industrial CNH ind	irat Namo:	Initial: Last Name:			Home Address (No DC) Royl:		
ome Phone*: Social Security Number: Annual Income: y giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or skt. Your phone plan charges may apply. If your business meets any of the following criteria, you may be eligible for a Business Liability Only account: *LLC, Partnership or Corporation and in business for at least 2 years * Government (including public schools) * Non-profit organization **BUSINESS LIABILITY ONLY By signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions on the Credit in this application is true and correct and you are authorized to sign the application on behalf of the applicant, (4) authorize us to obtain information about you lentify and to determine the applicant's eligibility for credit, future extensions of credit, and to collect on any account resulting from this applicant, and (5) authorize us to within the purpose of determining the applicant's eligibility for credit, renewal or credit, and future extensions of credit, and future extensions of credit. **ginature of Company's Authorized Officer:** Date:	ist Name.	liliua. Last Naire.			Tiorie Address (1401.C	7. BOX).		
y giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or accit. Your phone plan charges may apply. If your business meets any of the following criteria, you may be eligible for a Business Liability Only account: *LLC, Partnership or Corporation and in business for at least 2 years * Government (including public schools) * Non-profit organization BUSINESS LIABILITY ONLY By signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions or elitibank Card Agreement that will be sent with your card if credit is granted and you agree to pay all charges incurred under such terms; (3) certify that all the information revoked in this application is true and correct and you are authorized to sign the applicant on behalf of the applicant; (4) authorize us to obtain information about you erroundly (whether or not you have personally guaranteed the account), your business and any guarantor from employers, banks, credit bureau, and others, to verify you be entity and to determine the applicant's eligibility for credit, furure extensions of credit, and to collect on any account resulting from this application; and (5) authorize us to the purpose of determining the applicant's eligibility for credit, renewal or credit, and future extensions of credit. Initial: Last Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): State: Zip Code: Date of Birth (MM/DD/YYYY): State: Zip Code: Date of Birth (MM/DD/YYYY): State: Zip Code: Date of Birth (MM/DD/YYYY): State: Date of Birth (MM/DD/YYYY	ity:			•	State:	Zip Code:	Date of Birt	h (MM/DD/YYYY):
y giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or accit. Your phone plan charges may apply. If your business meets any of the following criteria, you may be eligible for a Business Liability Only account: *LLC, Partnership or Corporation and in business for at least 2 years * Government (including public schools) * Non-profit organization BUSINESS LIABILITY ONLY By signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions or elitibank Card Agreement that will be sent with your card if credit is granted and you agree to pay all charges incurred under such terms; (3) certify that all the information revoked in this application is true and correct and you are authorized to sign the applicant on behalf of the applicant; (4) authorize us to obtain information about you erroundly (whether or not you have personally guaranteed the account), your business and any guarantor from employers, banks, credit bureau, and others, to verify you be entity and to determine the applicant's eligibility for credit, furure extensions of credit, and to collect on any account resulting from this application; and (5) authorize us to the purpose of determining the applicant's eligibility for credit, renewal or credit, and future extensions of credit. Initial: Last Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): State: Zip Code: Date of Birth (MM/DD/YYYY): State: Zip Code: Date of Birth (MM/DD/YYYY): State: Zip Code: Date of Birth (MM/DD/YYYY): State: Date of Birth (MM/DD/YYYY	Di +				Contain Constitution	I Court North		
If your business meets any of the following criteria, you may be eligible for a Business Liability Only account: **LLC, Partnership or Corporation and in business for at least 2 years ** Government (including public schools) ** Non-profit organization **BUSINESS LIABILITY ONLY By signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of the Credit of Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of the Credit of Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of Offer, (2) agree to the terms and conditions of the Credit of Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of the Credit of Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of Offer, (3) agree to the terms and conditions of Offer, (3) agree to the terms and conditions of Offer, (4) agree to the terms and conditions of Offer, (5) agree to the terms and conditions of Offer (6) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer (7) agree to the terms and conditions of Offer	10me ⊬none⁻:				Social Security Number:		Annual Income:	
If your business meets any of the following criteria, you may be eligible for a Business Liability Only account: **LLC, Partnership or Corporation and in business for at least 2 years **Government (including public schools) **Non-profit organization **BUSINESS LIABILITY ONLY By signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of the Critibank Card Agreement that will be sent with your card if credit is granted and you agree to pay all charges incurred under such terms; (3) certify that all the information rovoided in this application is true and correct and you are authorized to sign the application on behalf of the applicant; (4) authorize us to obtain information about you revent the your are authorized to sign the application on behalf of the applicant; (4) authorize us to obtain information about you be resonally (whether or not you have personally guaranteed the account), your business and any guarantor from employers, banks, credit bureau, and others, to verify you dentity and to determine the applicant's eligibility for credit, future extensions of credit, and to collect on any account resulting from this application; and (5) authorized us to redit or credit-related information we obtain or develop concerning you and/or you susiness for the purpose of determining the applicant's eligibility for credit, renewal or credit, and future extensions of credit. Initial: Last Name: Initial: Last Name: Initial: Last Name: Date of Birth (MM/DD/YYYY):	y giving us a cell number or a nur	mber later converted to a cell n	umber, you a	gree that we or	our service providers can	contact you at that number by aut	odialer, recor	ded or artificial voice, or
**ELC, Partnership or Corporation and in business for at least 2 years								
sy signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of the Clibank Card Agreement that will be sent with your card if credit is granted and you agree to pay all charges incurred under such terms; (3) certify that all the information rovided in this applicant; (4) authorize us to obtain information about you have personally guaranteed the account), your business and any guarantor from employers, banks, credit bureau, and others, to verify you dentity and to determine the applicant's eligibility for credit, future extensions of credit, and to collect on any account resulting from this application; and (5) authorize us to have with CNH Industrial Capital America LLC, any credit or credit-related information we obtain or develop concerning you and/or you susiness for the purpose of determining the applicant's eligibility for credit, renewal or credit, and future extensions of credit. The strain of Company's Authorized Officer: T								ization
Initial: Last Name: Initial: Last Name: Home Address (No P.O. Box):			BU	JSINESS LI	ABILITY ONLY			
ignature of Company's Authorized Officer: rst Name: Initial: Last Name: Home Address (No P.O. Box): ity: State: Zip Code: Date of Birth (MM/DD/YYYY): ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED BUYERS** rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rst Name: Date of Birth (MM/DD/YYYY): vn authorized buyer is any person authorized to purchase on the account.	By signing below, you: (1) certi	fy that you have read and a	gree to the	Credit Card D	isclosures and Terms a	and Conditions of Offer, (2) agr	ee to the te	rms and conditions o
ignature of Company's Authorized Officer: rst Name: Initial: Last Name: Home Address (No P.O. Box): ity: State: Zip Code: Date of Birth (MM/DD/YYYY): ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED BUYERS** rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rst Name: Date of Birth (MM/DD/YYYY): vn authorized buyer is any person authorized to purchase on the account.	he Citibank Card Agreement th	hat will be sent with your car	rd if credit is	granted and y	ou agree to pay all cha	arges incurred under such term: f the applicant: (4) authorize us	s; (3) certify	that all the information
ignature of Company's Authorized Officer: Initial: Last Name: Home Address (No P.O. Box): Ity: State: Zip Code: Date of Birth (MM/DD/YYYY): ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED BUYERS** Initial: Last Name: Date of Birth (MM/DD/YYYY): Initial: Last Name: Date of Birth (MM/DD/YYYY): An authorized buyer is any person authorized to purchase on the account.	personally (whether or not you	have personally quaranteed	the accoun	nt) vour busine	spondation on behalf of	from employers, banks, credit	bureau, and	d others, to verify you
ignature of Company's Authorized Officer: rst Name: Initial: Last Name: Home Address (No P.O. Box): ity: State: Zip Code: Date of Birth (MM/DD/YYYY): ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED BUYERS** rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rst Name: Date of Birth (MM/DD/YYYY): vn authorized buyer is any person authorized to purchase on the account.	dentity and to determine the a	pplicant's eligibility for credit	, future exte	ensions of crec	it, and to collect on ar	ny account resulting from this a	polication; a	and (5) authorize ús to
ignature of Company's Authorized Officer: rst Name: Initial: Last Name: Home Address (No P.O. Box): ity: State: Zip Code: Date of Birth (MM/DD/YYYY): ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED BUYERS** rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rst Name: Date of Birth (MM/DD/YYYY): vn authorized buyer is any person authorized to purchase on the account.	thare with CNH Industrial Capi ousiness for the purpose of det	ital America LLC and CNH ermining the applicant's eligi	Industrial Ar bility for cred	menca ഥC, ar dit, renewal or o	ly credit or credit-relate credit, and future extens	ed information we obtain or devisions of credit.	velop conce	eming you and/or you
State: Zip Code: Date of Birth (MM/DD/YYYY): ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED BUYERS** rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rst Name: Date of Birth (MM/DD/YYYY): vn authorized buyer is any person authorized to purchase on the account.								
State: Zip Code: Date of Birth (MM/DD/YYYY): ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED BUYERS** rest Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rest Name: Date of Birth (MM/DD/YYYY): An authorized buyer is any person authorized to purchase on the account.		1 1	.,		111	. D \		
ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED BUYERS** rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): vn authorized buyer is any person authorized to purchase on the account.	rst Name:	Initial: Last Name:			Home Address (No P.O). Box):		
rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): An authorized buyer is any person authorized to purchase on the account.	ity:	I			State:	Zip Code:	Date of Birt	h (MM/DD/YYYY):
rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): on authorized buyer is any person authorized to purchase on the account.							<u> </u>	
rst Name: Initial: Last Name: Date of Birth (MM/DD/YYYY): on authorized buyer is any person authorized to purchase on the account.		ADDITIONAL PR			ACCOUNT AUT	HORIZED BUYERS"	Data -(D)	- (AAA/DD 00000
on authorized buyer is any person authorized to purchase on the account.	rst Name:		Initial:	Last Name:			Date of Birt	n (MM/UU/YYYY):
An authorized buyer is any person authorized to purchase on the account.	rst Name:		Initial:	Last Name:			Date of Birt	h (MM/DD/YYYY):
	n authorized buyer is any person	authorized to purchase on the	account.					
) Type (Required); D Number (Required); Account Number/Pending Number:	Type (Required):	s viva, trans i na rich amot Mija Si lD i	Number (Re	aured):	电磁性电影 医电路性电影 电电路电路 克斯斯 克里	Account Number/P	enuna Numi	Jeni Programa de la Companya del Companya del Companya de la Compa

FAX APPLICATION TO 1-866-900-1101 FOR PROCESSING. IF ENTERED IN FINANCE PLUS, FAX TO 1-866-351-2202. Store Code: CNHUS



Commercial Credit Application

(Not for Consumer Use)

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 evalualing 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 true

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 insurance 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 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, refront residents—by signing above you authorize us and our employees of agents obtain allowering minimated 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 caused a deterioration in the person's financial position.; and (d) a person may hold a credit card in any name permitted by law that he or she regularly uses and is 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:

- - A. Parts invoices are due and payable on or before thirty days of the date of the invoices.

 - B. Service invoices are due and payable on receipt
 C. Rentailease payments are due and payable on receipt, and
- D. Machinery charges are due and payable as involced.

 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.
- 4. Applicant may prepay his account in rull 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 invoice received by applicant at the time of purchase.
- 1. Applicant agrees to pay his Eagle Power and Equipment Corp. 6. If applicant falls to pay the new balance shown on any monthly accounts receivable system balance according to the following terms: 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 account is piaced in the names or 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 fails to comply with any payment terms as outlined in Paragraph 1, Eagle Power and Equipment Corp. reserves the right without any prior notice to terminate this agreement.
 - 10. Notice: See accompanying statement for important information regarding your rights to dispute billing errors.