New Holland Plan Account Application

NEW HOLLAND PLAN℠ ACCOUNT APPLICATION U.S.

Rasmussen Equipment Company
6035 1850 6600 1133
Salt Lake City

NEW HOLLAND CREDIT

(PLEASE PRINT CLEARLY and COMPLETE APPLICABLE SECTIONS ONLY)

SECTION 1 *TO BE COMPLETED BY :*

☐ *CORPORATION* ☐ *LLC* ☐ *PARTNERSHIP* ☐ *NON-PROFIT ORGANIZATION*

FOR INTERNAL USE ONLY
CARDHOLDER ACCOUNT NUMBER
PROCESSOR'S INTLS | JULIAN DECISION DATE | ALNI | VC

BUSINESS/PARTNERSHIP NAME

FIRST NAME (PRESIDENT'S/GENERAL PARTNER'S) | MI | LAST NAME

TAX ID # | DATE OF BIRTH | SOCIAL SECURITY #

ADDRESS | CITY | STATE | ZIP

HOME PHONE | BUSINESS/MOBILE PHONE | YRS IN BUSINESS | E-MAIL ADDRESS

SECTION 2 *TO BE COMPLETED BY :* ☐ *SOLE PROPRIETOR* ☐ *CO-APPLICANTS*

FIRST NAME | MI | LAST NAME | DATE OF BIRTH | SOCIAL SECURITY #

ADDRESS | CITY | STATE | ZIP

HOME PHONE | BUSINESS/MOBILE PHONE | YRS IN BUSINESS | E-MAIL ADDRESS

CO-APPLICANT • FIRST NAME | MI | LAST NAME | DATE OF BIRTH | SOCIAL SECURITY #

ADDRESS | CITY | STATE | ZIP

HOME PHONE | BUSINESS/MOBILE PHONE | YRS IN BUSINESS | E-MAIL ADDRESS

SECTION 3 *(TO BE COMPLETED BY ALL APPLICANTS)*

MAIN LENDING INSTITUTION | CONTACT | ACCOUNT NUMBER | PHONE #

CHECKING (CHECK ONE) ☐ YES ☐ NO | SAVINGS (CHECK ONE) ☐ YES ☐ NO | BANK | PHONE #

SECTION 4 *(PLEASE PROVIDE THE NAMES OF ANY SECONDARY AUTHORIZED USERS)*

	FIRST NAME	MI	LAST NAME		FIRST NAME	MI	LAST NAME
1				2			

(PLEASE READ AND SIGN BELOW)

By signing below, you: (i) acknowledge that this application is subject to approval by New Holland Credit, which will be your lender on any account opened in response to this application; (ii) certify that the information you have provided is true and complete; (iii) agree that we may obtain credit reports and make inquiries of third parties to verify your creditworthiness in connection with your application and, if your application is approved, we may update this information at any time. Upon your written request, you will be informed of each credit reporting agency furnishing any such report; and (iv) agree that we may share information about you and your account with our affiliates and subsidiaries, our authorized servicing agent for your account, and New Holland Credit and its affiliates, subsidiaries and authorized dealers; (v) agree to use your account primarily for agricultural, commercial or governmental purposes, and not for personal, family or household purposes; (vi) agree to comply with the terms of the New Holland Plan agreement provided with this application.

Notice to Ohio residents—The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.

Notice to Illinois residents—Residents of Illinois may contact the Illinois Commissioner of Banks and Trust Companies for comparative information on finance charges, fees and grace periods. State of Illinois–CIP, P.O. Box 10161, Springfield, IL 62791. Telephone No. 1-800-634-5452.

Notice to California Residents—An applicant, if married, may apply for a separate account.

APPLICANT'S SIGNATURE *(REQUIRED)* | TITLE | PARTNER OR CO-APPLICANT'S SIGNATURE | TITLE

X | X

PERSONAL GUARANTY: (Corporations or LLCs in business less than 2 years, and all partnerships and proprietorships)

If this Application is approved, in consideration of New Holland Credit financing purchases by Applicant, the undersigned Guarantor hereby unconditionally, absolutely and irrevocably guarantees full payment and performance of all of Applicant's obligations due under the Terms and Conditions ("Agreement"), and further agrees, in the event of any default under the Agreement governing the Account, to pay the total balance due on this Account upon demand, without requiring New Holland Credit or any assignees to make demand and/or proceed first to enforce payment against the Applicant. The undersigned hereby waives any notices regarding the Agreement or this Guaranty, and agrees that this Guaranty shall remain in effect until the Agreement is terminated and all amounts due thereunder have been paid in full. GUARANTOR MUST BE OWNER/SOLE PROPRIETOR, GENERAL PARTNER, OR CORPORATE OFFICER.

GUARANTOR NAME: | SIGNATURE

X

DEALER USE ONLY IF APPROVED BY PHONE, COMPLETE THE FOLLOWING INFORMATION AND MAIL THE ORIGINAL APPLICATION TO NEW HOLLAND CREDIT, P.O. BOX 1083, EVANSVILLE, IN 47706-1083

CUSTOMER ACCOUNT NUMBER | CREDIT LINE | RECOURSE OR NON-RECOURSE