

					E-MAIL ADDRESS							
GENERAL	APPLICANT'S NAME (Last, First, Middle)				SOCIAL SECURITY NO.				DATE OF BIRTH (MM/DD/YYYY) / /		TELEPHONE NUMBER	
	MAILING ADDRESS						CITY		STATE		ZIP	
	PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING)						COUNTY (REQUIRED)		COUNTY AND STATE OF WHERE EQUIPMENT WILL BE KEPT			
	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, PERMANENT RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED				DO YOU FARM? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		# OF ACRES OWNED/RENTED	
	EQUIPMENT USE:		FARM _____% CUSTOM WORK _____% FORESTRY _____%		CONSTRUCTION/COMMERCIAL _____% INDUSTRIAL _____% RENTAL YARD _____%		PERSONAL/FAMILY/HOUSEHOLD _____% OTHER _____% PLEASE DESCRIBE		YEARS IN FARMING BUSINESS			

BUSINESS or Co-Buyer(s)	LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP, LLC OR CORPORATIONS:						YEARS IN BUSINESS					
	FED TAX ID				ORGANIZATION ID				STATE OF ORGANIZATION			
	TYPE OF BUSINESS <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> OTHER (Please specify)											
	PRINCIPAL / OWNERSHIP INFORMATION											
	An individual (1) who owns, directly or indirectly, more than 25% of the equity interests or Profit Sharing/Economic interest of the legal entity customer (e.g., each natural person that owns more than 25% of the shares of a corporation); OR (2) the name of the natural person with effective control (day to day decision making) OR if neither (1) or (2) apply, please provide the names of all Board of Directors (BODs)/Executive Management. Ownership Type: <input type="checkbox"/> Ownership, economic interest, voting rights or shares >25% <input type="checkbox"/> Person who exercises effective control <input type="checkbox"/> BODs/Executive Management											
	PRINCIPAL/OWNER		SOCIAL SEC NO. / TAX ID		ADDRESS (Including COUNTRY OF RESIDENCE)				DATE OF BIRTH	TELEPHONE		% OWNED

BANK INFO	PRIMARY LENDER NAME		CITY, STATE		TELEPHONE		CONTACT	

NOTICE TO CALIFORNIA RESIDENTS: If married, you may apply for a separate account. **NOTICE TO MAINE AND TENNESSEE RESIDENTS:** You have the right of free choice in selecting the agent and insurer through or by which the insurance you obtain in connection with the credit you are applying for is placed. Your right of free choice is subject only to our right to approve the insurer you select on a reasonably non-discriminatory basis related to the solvency and assessment policies of the insurer and its ability to service the policy. Your choice of insurer will not affect the credit decision or credit terms in any way, except that we may impose reasonable requirements concerning the creditworthiness of the insurer and scope of coverage chosen. **NOTICE TO NEW YORK AND RHODE ISLAND RESIDENTS:** A consumer report may be requested in connection with this application. If you ask us, we will tell you whether or not a consumer report was requested, and, if it was, we will tell you the name and address of the consumer reporting agency that furnished the report. **NOTICE TO 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. **NOTICE TO MARRIED APPLICANTS RESIDING IN WISCONSIN:** No provision of any marital property agreement, unilateral statement under section 766.59 Wis. Stats. or court decree under section 766.70 Wis. Stats. adversely affects the interests of the creditor unless the creditor prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. **NOTICE TO ALL CUSTOMERS:** USA PATRIOT Act – Customer Identification Program – Enacted 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 applies for a loan. When you apply for a loan we will ask you 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.

By signing below, I, whether signing individually as an Applicant, Co-Applicant or guarantor or as officer, partner or manager of the Applicant or Co-Applicant and whether or not I am personally liable for any credit: (1) affirm that the information provided in this application is true and correct and given for the purpose of obtaining credit; (2) instruct and authorize Mahindra Finance USA LLC and/or its affiliates and related parties ("MFUSA") to check credit, contact references, and verify listed employment history and answer questions about MFUSA's credit experience with Applicant, Co-Applicant and me; and authorize and instruct my references and current and former employers to release such information to MFUSA; (3) instruct and authorize MFUSA to obtain consumer reports on me, in MFUSA's sole discretion, as part of this application and while any credit granted as a result of this application remains unpaid; (4) authorize and direct MFUSA to share the results of any credit report, credit investigation or employment investigation (including the information contained in this application) with any dealer, manufacturer or other person assisting me in attempting to obtain an extension of credit (a "Dealer"); (5) authorize and direct MFUSA to use any such results to determine if I qualify for an offer of credit; (6) authorize and direct MFUSA to notify a Dealer about whether I qualify for any offers and the details of any such offers; (7) acknowledge that MFUSA may retain any information obtained as part of the application process whether or not the requested credit is granted; (8) authorize MFUSA to prepare and file against Applicant, Co-Applicant and/or me, a financing statement in form and substance acceptable to MFUSA sufficient to perfect a security interest in collateral arising in connection with financing applied for herein; (9) authorize MFUSA to provide information about this transaction to others for the purpose of initiating, monitoring and servicing my account; and (10) authorize MFUSA to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If MFUSA extends credit as a result of this application, I agree that (a) MFUSA may monitor and record telephone calls regarding the account created to assure the quality of services or for other reasons; (b) MFUSA may use automatic dialing equipment while servicing or collecting the account, as allowed by law; and (c) MFUSA may contact me using any telephone number or email address I provide to MFUSA or using any telephone number or email address MFUSA obtains from another source, even if the number is for a mobile telephone. If this application is primarily for personal, family or household purposes, I acknowledge having read the additional disclosures included on this application. I consent to MFUSA sharing with others information concerning me and MFUSA's decision whether or not to extend credit, if any, in accordance with applicable law. For additional information about our privacy practices, please review our privacy statement at dillgroup.com/usoprivacy.

APPLICANT				CO-APPLICANT			
Signature (Individual)	Date	Signature (Individual)	Date	Signature (Individual)	Date	Signature (Individual)	Date
Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarantor)	Date	Signature	Title/Capacity (Indicate Partner/Officer/Manager/Guarantor)	Date	Signature	Date