Mahindra FINANCE USA

APPLICATION FOR CREDIT

					E-MAIL ADDRESS									
	APPLICANT'S NAME (La	aat Eimt Middla)		NO			отц							
	AFFLICANT 5 NAME (La	SOCIAL SECORIT I	SOCIAL SECURITY NO.			DATE OF BIRTH (MM/DD/YYYY)		TELEPHONE NUMBER						
	MAILING ADDRESS			CIT	Y		STATE	ZIP						
AL		E DIFFERENT THAN MAILING					D STATE OF WHERE							
GENERAL	PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING)			COUNTY (REQUIRED) COUNTY AND STATE OF WHE			D STATE OF WHERE	RE EQUIPMENT WILL BE KEPT						
GEN	US CITIZEN	IF NO, PERMANENT RESID		DO YOU FARM? # OF ACRES OWNED/RENTED										
_			MARRIED	UNMARR	IED	🗖 FULL TIN								
	FARM %		SEPARATED		TIME									
	EQUIPMENT USE:	INDUSTRIAL%	STRUCTION/COMMERCIAL% PERSONAL/FAN STRIAL % OTHER %				YEARS IN FARMING BUSINESS							
		FORESTRY %	RENTAL YARD%	PLEASE DESC	CRIBE									
	LEGAL NAME UNDER WHICH YOU OPERATE IF PARTNERSHIP, LLC OR CORPORATIONS: YEARS IN BUSINESS													
				LC OR CORPORATIONS.			JOINEOU							
	FED TAX ID		ORGANIZATION I	D		STATE OF	ORGANIZATION							
(s)	TYPE OF BUSINESS		LIMITED LIABILITY COMPANY	(LLC) 🗆 CORI	PORATION DINDIVIDU	AL 🛛 GENERA	L PARTNERSHIP	OTHER (Please s	pecify)					
uyer(PRINCIPAL / OWNERSHIP INFORMATION													
BUSINESS or Co-Buyer(s)	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													
or (. ,	_		in Board of Britotolo								
	PRINCIPAL/OWN		□ Type: ☐ Owneship, economic interest, voting lights or shares >25 SOCIAL SEC NO. / ADDRESS (Including C			DATE OF	BODs/Executiv	e Management % OWNED	TITLE/POSITION					
ISI		TAX ID			,	BIRTH								
-														
BANK INFO	PRIMARY LENDER	R NAME	CITY, STATE		TELEPHONE			CONTACT						
A I														
		TS: If married, you may apply for a												
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 solveroy														
and assess	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													
and assessi creditworthin	ess of the insurer and scope	e of coverage chosen. NOTICE	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											
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