## de lage landen **(**

SIGNATURE \_\_\_

## Customer Information/Credit Application PHONE: (800) 735-3273

De Lage Landen Financial Services FACSIMILE: (800) 776-2329														
	Vendor Name										Contact Name			
00R	Address										Phone Number			
VENDOR	, non-sub-										Thore Nambo			
Λ			Fax Number					Vend	or I.D. Number					
	Business Name										Phone Number with Area Code			
H	Billing Address							7(0						
ME	Dilinity Address							Type of Business						
CUSTOMER											D&B Rating Number			
Ü	Data Duringo Claded													
	Date Business Started Business Structure							poration	□ Part	tnership	☐ Proprietorship	☐ Municipal	□ Non-Profit	
	O. and Marie													
PRINCIPAL(S)	Owner Name							Owner Name						
	Social Security Number Title						Social Security Number					Title		
	llon-Add-					Llama Address								
CIP	Home Address							Home Address						
N.														
م	Dhone Number with Ace Code													
	Phone Number with Area Code						Phone Number with Area Code							
(0	Bank Name						Bank Name							
CE	Branch Address						Branch Address							
BANK REFERENCES														
æË	Name of Officer/Contact	Phone Number			Name of Officer/Contact				Phone Number					
뿚	Checking Account Number Date Account Opened						Checking Account Number					Date Account Open	ed	
				·										
	Quantity		Model Num			er Description (Attach Separate Schedule if Necessary)								
	į													
N														
) H														
3M/														
FO														
IPMENT INFORMATION	Equipment Cost	(PLUS)	Installation/Ma	aintenance Cost	(PLUS) C	Other Software Cost	(E	QUALS)		Total Cost				
EN		+			+			=						
PIV	Term in Months Rate Factor Purchase Option:  FMV \$1													
EQUI	Equipment Location (if not same as above)													
ш														
z	Number of Lease Paymen	ts	Lease Paymen	Lease Payment (PLUS)			Sales Tax (EQUAL			(EQUALS)		Total Lease Payment		
PAYMENT INFORMATION		+					=			=				
MA														
OB OB	•											<u>.</u>		
2	•									=				
N	Term of Lease in Months Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Other													
V.	Security Deposit	(PLUS)	First Period Payment (PLUS)			US)	Other			(F	EQUALS)	Total Payment Enclosed		
PΑ	+		•		•			=						
THE APP ACTION I	LICANT HAS A RIGHT TO A : NOTIFICATION. THE DEPART	STATEMENT OF THE	SPECIFIC REASOI	NS IF AN ADVERSE ACTIO TO 1055 WESTLAKES DR	N HAS BEEN TAKEN IVE, BERWYN, PA 19	I. TO REQUEST TH	IS INFORM	MATION, CON 51-5141. WI	NTACT OUR E	ECOA COMP	PLIANCE DEPARTMENT W DÉPARTMENT PLEASE RI	ITHIN SIXTY (60) DAYS	OF RECEIPT OF THIS ADVERSE	
THE NOTIFICATION LETTER. WE WILL PROVIDE YOU WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER WE HAVE RECEIVED YOUR REQUEST. NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANTS AND THE BASIS OF RACE.)														
THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT OUR ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF THIS ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1056 WESTLAKES DRIVE, BERWYN, PA 19312 OR BY CALLING (610) 651-5141, WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. WE WILL PROVIDE YOU WITH A STATEMENT OF THE SPECIFIC REASONS OF THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER WE HAVE RECEIVED YOUR REQUEST.  NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT) BECAUSE ALL OR PART OF THE APPLICANTS INCOME DEPIRED HER APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMES CREAMING THE PROTECTION ACT. THE FEDERAL AGENCY THAT DAMINISTERS COMPLIANCE WITH THIS LAW CONCERNING LESSOR IS THE FEDERAL FADEL COMMISSION, BOULAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 2086 IN THE TENER OF THE APPLICANT HAS IN GOOD FAITH EXPENDENCE OF THE APPLICANT HAS IN GOOD FAITH EXPENDENCE. THE PROPERTIES OF THE DEPART HAS IN GOOD FAITH EXPENDENCE.														
PERTAIN	Y AUTHURIZE LESSUR OR A ING TO MY CREDIT AND FIN CHECK: □ I HAVE RECEIVI	IANCIAL RESPONSIB	JUH UTHER INVE ILITY. EAGE ADDITIONTO	STIGATIVE AGENCY EMP	LUYED BY LESSOR	I IU INVESTIGATE	ihe refei	HENCES HEF	HEIN LISTED	or state	Ments or other data	obtained from Me (	or from any other person	
LENOE	STREET, LITTING DECEIVE	FOUNDATION IN F	LAUL AFFEIVATIU	na .										

\_\_\_\_\_\_ TITLE \_\_