

JOHN DEERE FINANCIAL COMMERCIAL USE APPLICATION

Installment Revolving

CR4510127 Litho in U.S.A. (16-03)

PLEASE TELL US ABOUT YOUR BUSINESS (Please print) Fields marked with an asterisk (*) are required by law (USA PATRIOT ACT). Your application cannot be processed without this information.

What is the Business Structure? Sole Proprietor Corporation General Partnership Limited Partnership Limited Liability Co. Limited Liability Partnership

*Organization Legal Name _____
 *(or) Legal Individual First Name _____ *Middle Initial _____
 *Last Name _____ Suffix _____ *Are you a U.S. citizen? Yes No
 *Date of Birth _____ *Driver's License # _____
 Social Security # _____ or Tax ID # _____ Organizational ID _____
 Home Telephone # _____ Business/Cell Telephone # _____
 *State of Incorporation/Chief Executive Office _____ County _____
 *Business Physical Street Address _____
 *City _____ *State _____ *Zip _____
 Business Mailing or P.O. Box # (if different than Physical Street Address) _____

PRIMARY OWNER INFORMATION (Required for all applications submitted on behalf of an organization). If applicable, signature required below.

*First Name _____ *Middle Initial _____
 *Last Name _____ Suffix _____ Title _____
 *Physical Street Address _____
 *City _____ *State _____ *Zip _____
 *Date of Birth _____ *Social Security # _____ % Ownership _____ *Are you a U.S. citizen? Yes No

CO-APPLICANT INFORMATION (Required if spouse or person other than Primary Owner identified above has an interest in the business and is also a co-applicant). If applicable, signature required below.

*First Name _____ *Middle Initial _____
 *Last Name _____ Suffix _____
 *Physical Street Address _____
 *City _____ *State _____ *Zip _____
 *Date of Birth _____ *Social Security # _____ *Are you a U.S. citizen? Yes No

APPLICANT FINANCIAL INFORMATION

*Have you ever filed for Bankruptcy? Yes No *Has a Lien / Judgement been filed against you? Yes No
 Assets \$ _____ .00 Liabilities \$ _____ .00 Net Worth (assets – liabilities) \$ _____ .00 Years in Business _____
 Gross Sales \$ _____ .00 *Net Income \$ _____ .00 Type of Business _____

*Alimony, Child Support, or Separate Maintenance Payments Need Not be Disclosed Unless Relied Upon for Credit.

APPLICANT FINANCIAL INFORMATION (1) You represent that the information given in this entire application, including all applicant names and any other information provided on any attached page(s), is complete and accurate, and is provided for the purpose of obtaining credit in an amount set by the credit policies and practices of John Deere Financial, f.s.b ("JDF") and Deere & Company ("we, us and our"). You authorize us to check with reporting agencies, credit references, and other sources disclosed herein in investigating the information given, in reviewing or taking collection action on the account, or for other legitimate purposes; and you further authorize us to share all information obtained with Deere & Company and its affiliates and other companies which may offer or provide services to you or us. Those affiliates may use certain consumer report information as a factor in establishing your eligibility for credit or insurance. If you object to this, you must notify us by calling 1-800-541-2969, and provide your name, Social Security Number, address and account number, and certain consumer report information will not be provided to those affiliates. (2) Applicant(s) request a Card(s) be issued upon our approval of a revolving credit application and you certify the card(s) will be used for commercial/business purposes only. (3) If you are applying for a revolving credit account and, for any reason, we are unable to grant you that credit, you hereby apply to Deere & Company for commercial/business credit on an installment basis. If the purchase qualifies, you authorize us and our affiliates to send you information on our products and services by internet, facsimile transmissions and other electronic means. (4) You further certify that you are authorized to sign on behalf of the Applicant. (5) You understand that any decision to grant or deny credit will be made by us in Wisconsin. (6) You agree that any notices and disclosures can, at our option, be provided electronically to the last internet address that you provided us. (7) Married applicants can apply for an individual account.

For Installment Financing Only: Customer Responsibility for Physical Damage Insurance. Physical damage insurance for the equipment on the attached note will be provided by the agency listed below: You agree and understand that under the terms of your contract with Lender, you must at all times keep the Goods insured against all risk, loss, damage, or destruction for their full-insurable value, with Lender listed as loss payee.

SIGN HERE Applicant's Signature and Title (required)

X _____ Date _____ Title _____

SIGN HERE Primary Owner Signature

SIGN HERE Co-Applicant's Signature and Title

X _____ Date _____ X _____ Date _____

PRIMARY OWNER SIGNATURE INDIVIDUALLY — Required for Corporation, LLC & Partnership in addition to the signature on behalf of the Organizational Applicant above (by signing, such Primary Owner shall be personally liable for all transactions and obligations arising under any Revolving Plan Account that may be approved by John Deere Financial pursuant to this Application).

For Revolving credit limit requests of \$30,000 to \$75,000, most recent balance sheet is required. For Revolving credit limit requests greater than \$75,000, most recent two years balance sheets and two years income statements/ tax returns is required.

FOR REVOLVING JOHN DEERE LOCATION USE ONLY

Dealer Name _____ Dealer No. _____
 Dealer Contact and Telephone # _____
 Customer Account No. _____ Patron No. _____
 Amt. Financed _____ Auth. No. _____
 Credit Plan No. _____ Description Code _____

PURCHASE INTENT – REQUIRED FIELD
 (check one)

Commercial Mowing Equipment Small Equipment
 Gator™ Utility Vehicle Utility Tractor and Attachments
 SiteOne Landscape Materials Other or Unknown
 Residential Mowing Equipment

FOR INSTALLMENT FINANCING ONLY

Name and Address of Insurance Agency _____ Agency's Phone # _____

John Deere Financial reserves the right to request additional information if needed.

Please return application to your nearest John Deere location or mail to: John Deere Financial, P.O. Box 5307, Madison, Wisconsin, 53705-0307.

