

## APPLICATION FOR EQUIPMENT FINANCING



FAX: 1-262-338-7599

PHONE: 1-800-525-9838

Please type or print each field clearly

| EQUIPMENT USE   |   |  | APPLYING FOR:                        |                                   |                           | DEALER N              | IAME              |                     |                           |                           |                             |  |
|---|---|--|--------------------------------------|-----------------------------------|---------------------------|-----------------------|-------------------|---------------------|---------------------------|---------------------------|-----------------------------|--|
| ☐ BUSINESS USE  |   |  | LOAN WITH GEHL                       |                                   |                           | ☐ DEALER CODE         |                   |                     |                           |                           |                             |  |
| ☐ RENT TO OTHERS  |   |  | FINANCE<br>LEASE WIT<br>EQUIPMEN     |                                   |                           | ☐ DEALER CONTACT      |                   |                     |                           |                           |                             |  |
| ☐ AGRICULTURAL USE (SCHEDULE  | F FILED WIT                               | L<br>TH FEDERAL TAXES)   | EQUII WEN                            | TTINANCE                          |                           | CONTACT               | PHONE             |                     |                           |                           |                             |  |
| COMPLETE LEGAL NAME OF BUSINESS OR P  | ROPRIETOR                                 |  |                                      |                                   |                           |                       |                   | BUSINESS            | S TYPE                    |                           | OLE PROPRIETOR              |  |
|   |   |  |                                      |                                   |                           |                       |                   | PARTI               |                           |                           |                             |  |
| BUSINESS MAILING ADDRESS  |   |  | CITY                                 |                                   |                           | STATE                 | ZIP               | COUNTY              |                           |                           |                             |  |
| ADDRESS OF EQUIPMENT LOCATION   |   |  | CITY                                 |                                   |                           | STATE                 | ZIP               | COUNTY              |                           |                           |                             |  |
| USINESS PHONE NUMBER  ANNUAL SALES OF BUSINESS  \$  |   |  | NO. YRS. II                          | N BUSINESS                        | FEDERAL TAX ID            |                       |                   |                     | STATE ORGANIZ             | ATION ID                  | ION ID                      |  |
| COMPLETE NAME OF INDIVIDUAL (First, Middle  | DATE OF                                   |  | BIRTH                                | SOCIAL SECURITY NUMBER            |                           |                       | TIME AT HO        | ME ADDRESS<br>S MOS |                           | TIME AT BUSINESS  YRS MOS |                             |  |
| HOME ADDRESS OF INDIVIDUAL  |   |  |                                      |                                   | CITY                      |                       |                   | STATE               |                           |                           | COUNTY                      |  |
| HOME DUONE NUMBER   | E NUMBER                                  | EMAIL ADD  | DECC                                 |                                   |                           |                       |                   |                     |                           |                           |                             |  |
| HOME PHONE NUMBER   | R CELL PHONI                              |  | EIVIAIL ADD                          | IURESS                            |                           |                       |                   |                     |                           |                           |                             |  |
| NEAREST RELATIVE NOT LIVING WITH YOU  | REST RELATIVE NOT LIVING WITH YOU ADDRESS |  | CITY                                 |                                   |                           |                       |                   | STATE               | ZIP                       | PHONE NUMBER              |                             |  |
| REFERENCES: HAVE YOU FINAN  | CED EQUIP                                 | MENT WITH GEHL FI  | NANCE BEF                            | FORE?                             | YES N                     | 0                     |                   |                     |                           |                           |                             |  |
| IF YES, UNDER WHA BANK NAME. ADDRESS  | T NAME:                                   | PHONE NO.  |                                      | ACCOUNT                           | #                         | ACCOU                 |                   | ONTACT              |                           |                           |                             |  |
| THONE NO.   |   |  |                                      | 7.0000.11                         |                           |                       |                   |                     |                           |                           |                             |  |
| OTHER FINANCE COMPANY   |   | PHONE NUMBER ACCOUNT   |                                      |                                   | # CONT                    |                       |                   | ONTACT              | NTACT                     |                           |                             |  |
|   |   |  |                                      |                                   |                           |                       |                   |                     |                           |                           |                             |  |
| OTHER REFERENCE(S)  |   | PHONE NUMBER ACCOUNT   |                                      |                                   | CONTACT CONTACT           |                       |                   | ONTACT              |                           |                           |                             |  |
|   |   |  |                                      |                                   |                           |                       |                   |                     |                           |                           |                             |  |
| INSURANCE INFORMATION (REQUIRED FOR ANY FINANCE ( INSURANCE COMPANY NAME ADDRESS  |   |  | TRACT)                               |                                   |                           | AGENT NAME            |                   |                     |                           | PHONE                     | E NUMBER                    |  |
| EQUIPMENT TO BE SINAMOED  |   |  |                                      |                                   |                           | OA OTION I            |                   |                     |                           |                           |                             |  |
| ■ NEW ■ USED YEAR   |   | □ NEW □ USED YEAR  |                                      |                                   |                           |                       |                   | LE PRICE            | TRADE VALUE               | Г                         | OCUMENT FEES                |  |
| EQUIPMENT MAKE & MODEL  |   | SECONDARY EQUIPMENT OR ATTAC                                       |                                      | [ACHMENT                          |                           | M/Q/SA/A \$  RATE TAX |                   |                     | \$ TRADE OWING            | 9                         | MOUNT FINANCED              |  |
| EGO., MEITI MARE & MODEL  |   | SECONDART EQUI WENT OR ATTACHWENT                                  |                                      |                                   | KAIL                      | % \$                  |                   |                     | \$                        |                           |                             |  |
| SERIAL NUMBER   | SE  | SERIAL NUMBER  |                                      |                                   | TERM                      | TERM DOWN PAYMEN' \$  |                   |                     | NET TRADE<br>\$           |                           | 5                           |  |
| LIST OPTIONS / ATTACHMENTS  |   | TRADE MAKE, MODEL, YEAR TRADE SER                                  |                                      | SERIAL#                           | COMMENTS: (SKIPS, FINANCI |                       |                   | PROGRAMS, WAIVER)   |                           |                           |                             |  |
|   |   |  |                                      |                                   |                           |                       |                   |                     |                           |                           |                             |  |
| Each of the undersigned certifies that the information expressly authorize consumer reporting agencies  | and other perso                           | ons to furnish credit informatio                                   | n to Gehl Comp                       | oany ("Gehl") a                   | and Key Equip             | ment Finance,         | ("KEF") separa    | tely or jointly w   | ith other creditors or    | lessors, for us           | se in connection with the   |  |
| transaction. Gehl and KEF and joint users of suc<br>marketing and administrative purposes and shared<br>Operations Supervisor, 143 Water Street, West Ber     | with our affiliate                        | s. However, you may direct us                                      | s not to share wi                    | ith our affiliates                | certain inform            | ation (other that     | n transaction o   | r experience inf    | ormation) about you b     | y writing to us           | at: Gehl Company, Attn:     |  |
| NOTICE: If your application for business credit is of Service) 600 Travis Street, Suite 1300 Houston, TX  |   |  |                                      |                                   |                           |                       |                   |                     |                           |                           |                             |  |
| federal Equal Credit Opportunity Act prohibits cred because all or part of the applicant's income derive this law concerning the creditor is the Federal Trad | itors from discrir<br>s from any publ     | minating against credit applicar<br>ic assistance program; or beca | nts on the basis<br>use the applicar | of race, color,<br>nt has in good | religion, nation          | nal origin, sex, r    | narital status, a | ige (provided th    | e applicant has the ca    | pacity to ente            | r into a binding contract); |  |
| The applicant has read and agrees to the above E<br>\$250,000, it is being submitted to Key Equipment F   | COA consent a                             | nd notice. The applicant also                                      | agrees to pay a                      |                                   | n fee should he           | e/she decide to       | engage the tra    | nsaction. Pleas     | se note, if this is a nor | n-governmenta             | al lease application under  |  |
| For Ohio Residents: The Ohio laws against discrim Ohio Civil Rights Commission administers complian   | ination require t                         | hat all creditors make credit eq                                   | •                                    | o all credit wor                  | thy customers,            | and that credit       | reporting agend   | cies maintain se    | parate credit histories   | on each indiv             | dual upon request. The      |  |
| By:   |   |  | Bv                                   |                                   |                           |                       | By:               |                     |                           |                           |                             |  |
| AUTHORIZING OFFICER   |   | DATE   |                                      |                                   |                           |                       | ,                 | AUTHORIZI           | NG OFFICER                |                           | DATE                        |  |
| PRINT NAME  | TITLE                                     |  | PRINT NAME TITL                      |                                   |                           |                       |                   |                     |                           | TITLE                     |                             |  |