

Credit Application Cover Sheet



Vermeer[®]
Credit Corporation

1210 VERMEER ROAD EAST
PELLA IA 50219

E-mail: vermeercredit@vermeer.com
Toll Free: 888-301-4106
Toll Free Fax: 888-301-4109

<u>Date</u>	<u># of Pages</u>	<u>Telephone #</u>
<u>Dealer</u>		<u>Fax #</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
		<u>E-mail Address</u>

DEALER CONTACT NAME

CUSTOMER NAME

EQUIPMENT BEING FINANCED

New or Used	Year	Make	Model	Description	Serial #	Sales Price	Cost if New
						\$	\$
						\$	\$
						\$	\$

TRADE IN

Year	Make	Model	Description	Serial #	Trade Allowance	Payoff	Lien Holder

TERMS

Number of Months

CHOOSE ONE

- Standard Finance - Rate _____%
- Vermeer Program # _____ - Rate _____% Description _____
- Dealer Subsidized - Rate _____% or \$ _____

Dealer Doc Fee: \$

Payment Schedule Monthly Quarterly Semi-Annual Annual

Cash Down Payment \$ First Payment Date (mm/dd/yyyy) / /
(if not provided, will be based on date of contract)

ADDITIONAL INFORMATION REQUIRED:

- Copy of Customer Retail Invoice
- Customer's signature(s) on application for credit (authorization for release of credit info)
- Yes Customer wishes insurance coverage through Vermeer Credit Corporation's carrier-**Check one:** Holmes Murphy
- No Customer will provide own proof of insurance Ohio Indemnity Co

VERMEER CREDIT CORP - FOR OFFICE USE ONLY

APPROVED Date _____ **DENIED** Date _____ Reason: _____ **CONDITIONED:** _____

Down Payment \$ _____ Finance Amount \$ _____ Interest Rate _____% Term _____ Doc Fee \$ _____

Dealer Rebate \$ _____ Dealer Subsidy _____% Division Subsidy _____% Dealer Recourse _____%

Payment to:

Vermeer Mfg Amount \$ _____ (circle one) (Vermeer/Wells Fargo) Dealer Amount \$ _____ Other Amount \$ _____



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This application is for the purpose of obtaining financing for the purchase of Vermeer equipment from Vermeer Manufacturing Company Inc. All information must be COMPLETE to be processed.

ARE YOU A PRIOR CUSTOMER OF VERMEER CREDIT CORPORATION? YES NO

Business Name (exact legal entity)/Customer Name Federal ID #

Physical Address Mailing Address (if different) Telephone #

Fax #

City State Zip Code E-mail Address

Principal/Owner Name Social Security # Address Telephone #

Principal/Owner Name Social Security # Address Telephone #

Corporation State of _____ Partnership Sole Prop LLC Other _____ Years in Business _____

Trade Reference Contact Name Account # Telephone # Fax #

Bank Reference Contact Name Account # Telephone # Fax #

Employer Name & Address Self Employed Co-Borrower Employer Name & Address Self Employed

Annual Income
\$

Annual Income
\$

Position/Title/Type of Business Business Phone Position/Title/Type of Business Business Phone

Other Income Source Annual Amount \$

Intended Use of Equipment Farm/Livestock _____% Custom Operator _____% Hobby Farm _____% Commercial _____% Other (please explain) _____%

Do you Farm? Full Time Part Time # of Acres Owned _____ # of Acres Rented _____

	Kind of Crop	# of Acres	Income Date	Estimated Amount	Other Income	Amount
Farm Income				\$		\$

Have you ever declared bankruptcy? Yes No If yes, when?

If the financed amount is greater than \$75,000, please include last two year's financial statements or tax returns.

Vermeer Credit requires proof of insurance at the time the contract is signed and delivery of equipment is made.

Please check one: I will provide proof of my own insurance

OR

I request insurance coverage through Vermeer Credit Corporation's carrier

This information is true and complete to the best of my knowledge. I/We hereby authorize Vermeer Credit Corporation, or its assigns, to obtain credit reports on the undersigned individual(s) and give permission to contact references shown hereon as deemed necessary to establish credit worthiness and/or financial responsibility, understanding that information received will be held in confidence by all.

Authorized Signature Title Date

Authorized Signature Title Date

I, the undersigned Authorized Dealer Representative, verify that the above information is true and accurate as transcribed from the applicant referenced above.

Authorized Dealer Representative: _____ Date: ____/____/____