

Midwest Tractor LTD

125 CITYCENTRE DR CINCINNATI, OH 45216
513-791-3635 888-852-2159 513-821-1234 FAX

CREDIT APPLICATION

NAME _____ CELL# _____

COMPANY _____ OFFICE# _____

ADDRESS _____ FAX# _____

CITY, STATE, ZIP _____ E-MAIL _____

TYPE OF COMPANY (circle): SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC

FEDERAL ID# _____ YEARS IN BUSINESS _____

OWNERS/OFFICERS:

| | <u>NAME</u> | <u>TITLE</u> | <u>ADDRESS</u> | <u>CITY, STATE ZIP</u> | <u>SOCIAL SECURITY #</u> |
|----|-------------|--------------|----------------|------------------------|--------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |

CREDIT / FINANCE CO. REFERENCES

| | <u>NAME</u> | <u>CITY, STATE</u> | <u>TELEPHONE</u> | <u>FAX</u> |
|----|-------------|--------------------|------------------|------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

| | <u>OTHER BUS. ASSETS OWNED</u> | <u>PURCH PRICE</u> | <u>AMT OWED</u> | <u>MKT VALUE</u> |
|----|--------------------------------|--------------------|-----------------|------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

BANK _____ CITY, STATE _____

ACCT # _____ TELEPHONE _____ FAX _____

INSUR. AGENT _____ ADDRESS _____

TELEPHONE _____ FAX _____

The information contained in this Credit Application has been provided by the undersigned and is for the purpose of securing credit. I hereby authorize you to obtain a consumer report and other reports to be used in connection with this application, to obtain and exchange credit information with other creditor grantors and to obtain payoffs where needed. I authorize you to retain all information and reports for your files and to obtain future information as needed. Late charges may be charged at the highest rate allowed by law. This is a commercial transaction governed by Ohio state laws, Hamilton County jurisdiction.

SIGNED BY: _____

DATE: _____