

Cub Cadet Installment Financing Program

Wisconsin Residents: please see reverse side.

For Business Use (Complete sections 1-3) For Personal Use (Complete sections 2-3)

GE Money Bank

Fax: 866-405-9648

Phone: 866-768-3854

Section 1 Applicant or Personal Guarantor 1 Information

First Name _____ M. Initial _____ Last Name _____ SR., JR., III _____

Present Address *If P.O. Box, list name, address, city, state, zip of nearest living relative. Do You Own Rent Other

City _____ State _____ Zip _____ Years at Residence _____ \$ _____ Monthly Payment _____

Home Phone _____ Social Security Number _____ Birth Date _____ / _____ / _____
Month Day Year

Self Employed? Yes No Your Employer _____ How Long (Yrs.) _____ Annual Income* \$ _____, _____ Occupation _____

Business Phone _____ Previous Employment Time if less than 2 Years _____ How Long (Yrs.) _____ Cell/Other Phone Where We May Call You _____

Source of Other Income* \$ _____ Annual Amount _____
Nearest Relative Not Living With You: Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____

***NOTE: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.**

Section 2 Co-Applicant or Personal Guarantor 2 Information

First Name _____ M. Initial _____ Last Name _____ SR., JR., III _____ Relationship to Applicant Spouse Other

Present Address *If P.O. Box, list name, address, city, state, zip of nearest living relative. Do You Own Rent Other

City _____ State _____ Zip _____ Years at Residence _____ \$ _____ Monthly Payment _____

Home Phone _____ Social Security Number _____ Birth Date _____ / _____ / _____
Month Day Year

Self Employed? Yes No Your Employer _____ How Long (Yrs.) _____ Annual Income* \$ _____, _____ Occupation _____

Business Phone _____ Previous Employment Time if less than 2 Years _____ How Long (Yrs.) _____ Cell/Other Phone Where We May Call You _____

Source of Other Income* \$ _____ Annual Amount _____
***NOTE: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.**

Sign Here for Consumer Application

By signing below, I acknowledge that I have read the Consumer Application disclosure on the back of the application, which is incorporated herein, and that I agree to be bound by its terms.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

Applicant's Primary ID (Type, Number, State of Issuance) _____ Expires _____ Co-Applicant's Primary ID (Type, Number, State of Issuance) _____ Expires _____

Applicant's Secondary ID (Credit Type and Issuer) _____ Expires _____ Co-Applicant's Secondary ID (Credit Type and Issuer) _____ Expires _____

Sign Here for Business, Personal Guaranty

By signing below, I acknowledge that I have read the Personal Guaranty disclosure on the back of the application, which is incorporated herein, and that I agree to be bound by its terms.

Signature of Personal Guarantor #1 (Please do not Print) _____ Date _____ Signature of Personal Guarantor #2 (Please do not Print) _____ Date _____

Section 3 Business Details

Your Company's Full Legal Name _____ DBA _____

Business Mailing Street Address (No P.O. Box) _____ City _____ State _____ Zip _____

Account Contact Person _____ Tax ID Number _____ Nature of Business _____

Signature of Company's Authorized Representative

By signing below, I acknowledge that I have read the Company's Authorized Representative Application disclosure on the back of the application, which is incorporated herein, and that I agree to be bound by its terms.

Signer must be an officer, owner, or agent of business or entity and must be authorized to enter into contracts on behalf of business or entity. Title _____ Date _____

Collateral Information

<input type="radio"/> Lawn Tractors	<input type="radio"/> Compact Tractors	Year _____ Make _____	Is the Product: <input type="radio"/> New <input type="radio"/> Used	\$ _____, _____ If New, MSRP
<input type="radio"/> Garden Tractors	<input type="radio"/> Utility Vehicles	Year _____ Make _____	<input type="radio"/> New <input type="radio"/> Used	\$ _____, _____ If New, MSRP
<input type="radio"/> Zero Turn Riding Mowers	<input type="radio"/> Skid Steers	Year _____ Make _____	<input type="radio"/> New <input type="radio"/> Used	\$ _____, _____ If New, MSRP
<input type="radio"/> Front Deck Mowers	<input type="radio"/> Trailers	Year _____ Make _____	<input type="radio"/> New <input type="radio"/> Used	\$ _____, _____ If New, MSRP
<input type="radio"/> Commercial Walk Behind Mowers	<input type="radio"/> Attachments	Model _____	<input type="radio"/> New <input type="radio"/> Used	\$ _____, _____ If New, MSRP

Sales Information

\$ _____, _____	\$ _____, _____	\$ _____, _____
Cash Sale Price	Manufacturer Rebate	Doc Prep Fee
\$ _____, _____	\$ _____, _____	\$ _____, _____
Accessories	Gross Trade-In	Total Other Fees
\$ _____, _____	\$ _____, _____	\$ _____, _____
Sales Tax	Less Amount Owed on Trade-In	Warranty / GAP / Tire Guard / ESC
\$ _____, _____	\$ _____, _____	\$ _____, _____
Cash Down Payment	Freight & Set Up	Amount Financed

CONTACT NAME _____ STORE NUMBER **264**

3467

STORE FAX _____ STORE PHONE _____

Dealer: Attach Collateral Addendum, if applicable

201-666-00 (01-08)

