

|                  |   |                                      |                                 |                                 |   |                              |  |
|------------------|---|--------------------------------------|---------------------------------|---------------------------------|---|------------------------------|--|
| <b>APPLICANT</b> | COMPANY LEGAL NAME AND DBA              |                                      |                                 |                                 | TELEPHONE<br>( )  |                              |  |
|                  | STREET ADDRESS                          |                                      |                                 |                                 | FAX<br>( )  |                              |  |
|                  | CITY/STATE/ZIP                          |                                      |                                 | YRS UNDER CURRENT OWNERSHIP     | MOBILE<br>( )   |                              |  |
|                  | CONTACT NAME                            |                                      | E-MAIL ADDRESS                  |                                 |   | FEDERAL TAX I.D.             |  |
|                  | YEARS IN BUSINESS                       | # EMPLOYEES                          | ANNUAL SALES                    |                                 | EXEMPT FROM STATE SALES/USE TAX? Yes <input type="checkbox"/> No <input type="checkbox"/> |                              |  |
|                  | <input type="checkbox"/> PROPRIETORSHIP | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> C-CORP | <input type="checkbox"/> S-CORP | <input type="checkbox"/> NON-PROFIT   | <input type="checkbox"/> LLC |  |

|                  |                       |        |         |                        |  |                       |
|------------------|-----------------------|--------|---------|------------------------|--|-----------------------|
| <b>OWNERSHIP</b> | PRINCIPAL'S NAME      |        | TITLE   | SOCIAL SECURITY NUMBER |  | HOME TELEPHONE<br>( ) |
|                  | HOME ADDRESS (STREET) | (CITY) | (STATE) | (ZIP CODE)             | <input type="checkbox"/> OWN <input type="checkbox"/> RENT | HOW LONG?<br>( )      |
|                  | PRINCIPAL'S NAME      |        | TITLE   | SOCIAL SECURITY NUMBER |  | HOME TELEPHONE<br>( ) |
|                  | HOME ADDRESS (STREET) | (CITY) | (STATE) | (ZIP CODE)             | <input type="checkbox"/> OWN <input type="checkbox"/> RENT | HOW LONG?<br>( )      |

|                            |                           |  |                            |         |  |  |
|----------------------------|---------------------------|--|----------------------------|---------|--|--|
| <b>BUSINESS REFERENCES</b> | BANK                      |  | BRANCH/CITY                | CONTACT |  | TELEPHONE<br>( )   |
|                            | ACCOUNT UNDER THE NAME OF |  | ACCOUNT NUMBER             |         |  | <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> LOAN |
|                            | LOAN/LEASING COMPANY      |  | ORIGINAL LOAN/LEASE AMOUNT |         |  | TELEPHONE<br>( )   |
|                            | START DATE (MONTH/YEAR)   |  | TERM / MONTHLY PAYMENT     |         |  | ACCOUNT NUMBER   |
|                            | LOAN/LEASING COMPANY      |  | ORIGINAL LOAN/LEASE AMOUNT |         |  | TELEPHONE<br>( )   |
|                            | START DATE (MONTH/YEAR)   |  | TERM / MONTHLY PAYMENT     |         |  | ACCOUNT NUMBER   |

|                            |   |  |         |         |   |                               |
|----------------------------|---|--|---------|---------|---|-------------------------------|
| <b>TRANSACTION SUMMARY</b> | EQUIPMENT COST (exclusive of sales tax)   |  | TERM    | PAYMENT | PURCHASE OPTION<br>\$ OUT <input type="checkbox"/> LOAN <input type="checkbox"/> FMV <input type="checkbox"/> |                               |
|                            | SUPPLIER / DEALER   |  | CONTACT | PHONE   | NEW <input type="checkbox"/>  | USED <input type="checkbox"/> |
|                            | EQUIPMENT DESCRIPTION (Manufacturer / Model Number / Serial Number / Attach Sales Order If Available) |  |         |         |   |                               |

**CERTIFICATION AND AUTHORIZATION BY APPLICANT**

Applicant requests that Terex Financial Services, Inc., Genie Financial Services or another affiliated entity (each being called "TFS" for ease of reference) extend credit to Applicant or enter into a lease or loan with Applicant in the amount, and for the purpose, described in this Application. THIS APPLICATION IS FOR BUSINESS CREDIT ONLY and no portion of the amount financed, if any, will be used for personal, household or other consumer purposes. Applicant certifies that the information contained in this Application is complete and accurate. Applicant authorizes TFS, TFS's assignees and contractors, and funders TFS works with to obtain from, and disclose to, other persons and entities (including, but not limited to, credit reporting agencies, trade references, banks and other financial institutions) information about Applicant, Applicant's accounts and Applicant's credit experience in order to help TFS determine whether or not TFS will extend credit to, or enter into a lease with, Applicant. Such authorization shall be a continuing authorization and shall apply with respect to this Application as well as any renewals, updates and extensions of any loan or lease from TFS and any action to enforce or collect any of them. TFS's acceptance of this Application does not constitute its approval of Applicant's request for credit or its agreement to enter into any transaction.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_  
(Name of Applicant) (Signature) (Name Printed)

**CERTIFICATION AND AUTHORIZATION BY INDIVIDUALS**

Each of the undersigned has completed parts of this Application because he or she is a principal of the Applicant or a person who wishes to guarantee the Applicant's obligations, if any, to TFS (as defined above). Each of the undersigned certifies that the information he or she and Applicant provided on this Application is complete and accurate. Each of the undersigned authorizes TFS, TFS's assignees and contractors, and the funders TFS works with to obtain from, and disclose to, other persons and entities (including, but not limited to, consumer reporting agencies, banks, and other financial institutions) information about him or her personally, his or her personal accounts and his or her personal credit history in connection with any lease or loan to the Applicant. THIS APPLICATION IS FOR BUSINESS CREDIT ONLY and no portion of the amount financed, if any, will be used for personal, household or other consumer purposes. Such authorization shall be a continuing authorization and shall apply with respect to this Application as well as any renewals, updates and extensions of any loan or lease from TFS and any action to enforce or collect any of them. TFS's acceptance of this Application does not constitute its approval of Applicant's request for credit or its agreement to enter into any transaction.

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(An Individual) (Please Print Name)

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(An Individual) (Please Print Name)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact TFS within 60 days from the date you are notified of our decision care of Terex Legal Department (Commercial Law Group) 200 Nyala Farm Road, Westport, CT 06880. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.

Notice: To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record information that identifies each person (individual or business) who opens an account. What this means to you: When you open an account or add any additional service, we will ask you for your name, address and taxpayer identification number to allow us to identify you. We may also ask to see other identifying documents.