

CUSTOMER INFORMATION	Legal Entity Name (If corporation, partnership or limited liability entity please provide complete legal name)			Federal Tax ID No.		
	Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> SLG <input type="checkbox"/> Non Profit <input type="checkbox"/> Fed Gov't <input type="checkbox"/> Other					
	State of Incorporation/Company Formation			Date of Incorporation/Company Formation		
	Principal 1 (provide full legal name)			Social Security No.		Percent Ownership
	Principal 2 (provide full legal name)			Social Security No.		Percent Ownership
	Principal 3 (provide full legal name)			Social Security No.		Percent Ownership
	Nature of Business		Years in Business		Number of Employees	
	Business Address			City		State Zip
	Primary Applicant Contact Name		Title		Phone	Email

BANK AND CREDIT INFORMATION	Bank Credit Reference		Account Officer		Checking Acct. No.		Other Acct No. (Type)	
	Business Address			City		State		Zip
	Secured Credit Reference			Contact Person			Phone Number	

EQUIPMENT DESCRIPTION	Equipment Description (attach quote/proposal if available)					
	MOTORCYCLE(S)	Qty	Model Number			Total Cost
	ACCESSORIES	Qty	Model Number	Description		Total Cost

FINANCE TERMS	Total Finance Amount		Advanced Payment (if any)		Rate Factor		Monthly Payment	
	Select <input type="checkbox"/> Capital Lease <input type="checkbox"/> Tax Exempt Lease		Term Length Requested (months) <input type="checkbox"/> 36 <input type="checkbox"/> 48					

You, the "Applicant" (which term includes the above business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("Lessor"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Lessor may obtain credit reports, including consumer credit reports, in connection with the Application, and at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Lessor may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Lessor's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Lessor may get or share credit information with its agents, assignees, and its designees regarding the Applicant, Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Lessor may share with affiliates and others all information about Applicant that Lessor has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Lessor believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT LESSOR'S ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087. WHEN CONTACTING THE DEPARTMENT, PLEASE INCLUDE A COPY OF YOUR CREDIT APPLICATION TO ASSIST US IN LOCATING YOUR FILE. LESSOR WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER LESSOR HAS RECEIVED APPLICANT'S REQUEST.

NOTICE: 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 AGENCIES THAT ADMINISTER COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR ARE THE BUREAU OF CONSUMER FINANCIAL PROTECTION, 1700 G STREET NW., WASHINGTON D.C. 20006 AND THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580

APPLICANT HEREBY AUTHORIZES LESSOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.

Each of the undersigned is applying for joint credit.

SIGNATURE OF APPLICANT'S REPRESENTATIVE _____ TITLE _____ DATE _____

SIGNATURE OF PRINCIPAL 1 _____ TITLE _____ DATE _____

SIGNATURE OF PRINCIPAL 2 _____ TITLE _____ DATE _____

SIGNATURE OF PRINCIPAL 3 _____ TITLE _____ DATE _____