

CNH CAPITAL COMMERCIAL REVOLVING ACCOUNT APPLICATION U.S.

USAGE: AGRICULTURE
 CONSTRUCTION

Credit Line Requested: _____

MERCHANT NAME AND CITY
Southeast Ag Equipment

MERCHANT #
504393151300118

(PLEASE PRINT CLEARLY and COMPLETE APPLICABLE SECTIONS ONLY)

SECTION 1 TO BE COMPLETED BY:

CORPORATION **LLC** **PARTNERSHIP** **MUNI / GOV'T**

BUSINESS/PARTNERSHIP NAME*		TAX ID # *	
STREET # AND NAME OR RURAL ROUTE # *		CITY*	STATE* ZIP*
ALTERNATE MAILING ADDRESS	BUSINESS TELEPHONE*	YR. BUS. EST.*	ANNUAL INCOME E-MAIL ADDRESS
(OFFICER OR PARTNER) FIRST NAME	MI	LAST NAME	SOCIAL SECURITY # DATE OF BIRTH
HOME TELEPHONE	BUSINESS TELEPHONE	E-MAIL ADDRESS	

SECTION 2 TO BE COMPLETED BY: **SOLE PROPRIETOR** **CO-APPLICANT**

FIRST NAME*	MI	LAST NAME*	DBA	SOCIAL SECURITY # *
DATE OF BIRTH* mm/dd/yyyy	STREET # AND NAME OR RURAL ROUTE # *		CITY*	STATE* ZIP*
ALTERNATE MAILING ADDRESS	HOME TELEPHONE*		BUSINESS TELEPHONE	
E-MAIL ADDRESS	YR. BUSINESS EST.*	RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT	YR. RES. ESTAB.*	ANNUAL INCOME OCCUPATION
CO-APPLICANT - FIRST NAME	MI	LAST NAME	DBA	SOCIAL SECURITY #
DATE OF BIRTH mm/dd/yyyy	STREET # AND NAME OR RURAL ROUTE #		CITY	STATE ZIP
ALTERNATE MAILING ADDRESS	HOME TELEPHONE		BUSINESS TELEPHONE	
E-MAIL ADDRESS	YR. BUSINESS EST.	RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT	YR. RES. ESTAB.	ANNUAL INCOME OCCUPATION

SECTION 3 (TO BE COMPLETED BY ALL APPLICANTS)

DEPOSITORY BANK NAME	BANK TELEPHONE	CONTACT NAME	ACCOUNT #	TOTAL CHECKING & SAVINGS BALANCE
LENDER NAME	LENDER TELEPHONE	CONTACT NAME	ACCOUNT #	TOTAL LOAN BALANCE

SECTION 4 (PLEASE PROVIDE THE NAMES OF ANY SECONDARY AUTHORIZED USERS)

1	FIRST NAME	MI	LAST NAME	2	FIRST NAME	MI	LAST NAME
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(PLEASE READ AND SIGN BELOW)

By signing below, the applicant, partner or co-applicant ("Applicant") hereby (1) requests that CNH Capital America LLC, doing business as CNH Capital ("CNH Capital"), establish a CNH Capital Commercial Revolving Account (the "Account") and to issue to Applicant one or more card(s) (if card(s) are issued to access the Account) to be used in connection with said Account; (2) authorizes CNH Capital to investigate Applicant's credit worthiness, including without limitation by obtaining reports from credit reporting agencies and other information and credit records, and to share such information and information regarding the Account with credit reporting agencies, other creditors of Applicant, third parties that CNH Capital reasonably believes are conducting credit inquiries in accordance with applicable law, and subsidiaries and affiliates of CNH Capital; (3) authorizes Applicant's past and present lenders, lessors, landlords and other creditors to provide CNH Capital or its designee with any and all information that will assist CNH Capital in its credit inquiry; and (4) certifies that all information provided in this application is true and correct. This application is given for the purpose of obtaining credit. Applicant agrees that, if an Account is opened in response to this application, (i) the Account and the card(s) (if card(s) are issued to access the Account) shall be governed by the terms and conditions of the agreement establishing the Account, as it may be amended from time to time; (ii) Applicant shall be responsible for all charges, advances and fees made or incurred under the Account by Applicant or anyone authorized or permitted by Applicant to use the Account and/or the card(s) (if card(s) are issued to access the Account); and (iii) the Account shall be used only for agricultural, commercial or governmental purposes, and not for personal, family or household purposes. (iv) You further certify that you are authorized to sign on behalf of the Applicant. The person(s) signing below also agree, individually and not on behalf of Applicant, that CNH Capital or its designee may obtain credit reports on said person(s) from credit reporting agencies, and otherwise investigate the credit of said person(s), in connection with CNH Capital's credit inquiry with respect to Applicant, and hereby instructs all credit reporting agencies to provide CNH Capital with such credit reports upon request.

Notice to Ohio residents—The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Illinois residents—(a) No applicant may be denied a credit card on account of race, color, religion, national origin, ancestry, age (between 40 and 70), sex, marital status, physical or mental handicap unrelated to the ability to pay or unfavorable discharge from military service, (b) The applicant may request the reason for rejection of his or her application for a credit card. (c) No person need reapply for a credit card solely because of a change in marital status unless the change in marital status has caused a deterioration in the person's financial position, and (d) A person may hold a credit card in any name permitted by law that he or she regularly uses and is generally known by so long as no fraud is intended thereby.

Notice to California residents—An applicant, if married, may apply for a separate account.

Notice to married Wisconsin residents—Wisconsin law provides that no agreement, unilateral statement or court decree relative to marital property shall adversely affect a creditor's interest, unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. You must indicate the name of your spouse in the co-applicant / spouse section of this application.

APPLICANT'S SIGNATURE (REQUIRED)	PRINT NAME	TITLE	PARTNER OR CO-APPLICANT'S SIGNATURE	PRINT NAME	TITLE
X			X		

PERSONAL GUARANTY: (Corporations or LLCs in business less than 2 years, and all partnerships and proprietorships. Guarantor must be owner/sole proprietor, general partner, or corporate officer)

If an Account is opened in response to the foregoing application, in consideration of CNH Capital granting Applicant the Account, the undersigned Guarantor hereby unconditionally, absolutely and irrevocably guarantees the prompt and full payment and performance of all of Applicant's obligations under the agreement establishing the Account (the "Agreement"), and further agrees, in the event of any default under the Agreement, to pay the total balance due on the Account upon demand, without requiring CNH Capital or its assignees to make demand and/or proceed first to enforce the Agreement against the Applicant. The Guarantor hereby waives notice of any modifications, amendments, or extensions of the Agreement, and of Applicant's non-performance or breach of the Agreement. The payment obligations of the Guarantor are the direct, primary, and continuing obligations of the Guarantor and Guarantor's heirs, successors and assigns, and not merely a guaranty of collection.

By signing below the Guarantor also agrees, individually and not on behalf of Applicant, that CNH Capital or its designee may obtain credit reports on said Guarantor from credit reporting agencies, and otherwise investigate the credit of said Guarantor, and hereby instructs all credit reporting agencies to provide CNH Capital with such credit reports upon request.

GUARANTOR SIGNATURE	FIRST NAME	LAST NAME	STREET # AND NAME OR RURAL ROUTE #
X			
CITY	STATE	ZIP	SOCIAL SECURITY #

DEALER USE ONLY IF APPROVED BY PHONE, MAIL THE ORIGINAL APPLICATION TO: CNH CAPITAL COMMERCIAL REVOLVING ACCOUNT, P.O. BOX 1083, EVANSVILLE, IN 47706-1083

ACCOUNT NUMBER	CREDIT LIMIT	PRE-QUALIFICATION ID #
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* Required Fields
 21380A Rev 04/05

Southeast Ag Equipment, Inc.
 142 Quality Drive
 BYHALIA, MS 38611
 PH:866.492.1053 Fax 662 851.0955
 www.southeastag.com



APPLICATION FOR CHARGE ACCOUNT

APPLICANT INFORMATION CATEGORY: BUSINESS INDIVIDUAL INTERNAL

Customer Name:

FID# -	SSN: - -	Main Phone:
Mailing address:		County/Parish:
City:	State:	ZIP Code:
Shipping address:		County/Parish:
City:	State:	ZIP Code:
City:	State:	ZIP Code:
City:	State:	ZIP Code:
Cell Phone:	Fax :	Other phone:

Email address: Account Payable

Email Address: Manager/Contact

Company Website :

SALES TAX INFORMATION

Is your company sales tax exempt?	YES NO	State issued #:
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A COPY OF YOUR STATE ISSUED EXEMPTION FORM MUST ACCOMPANY THIS APPLICATION FOR TAX EXEMPTION PURPOSES AND OFFICE USE. MAJORITY OF THESE FORMS ARE STATE ISSUED.

MS-copy of Sales Tax Permit or written statement as to why sale is exempt – 3% on EQ sales	TN Blanket Certificate of Resale Form TN – Sales & Use Exemption Cert. for Farm Equipment & Machinery Form	ARK Sales & Use Tax Exempt Certificate
LA – Blanket Exempt Certificate (LA# valid only if it includes letter "W")	KY Farm Exemption Certificate FL State issued Sales Tax Cert. w/#	MO Sales & Use Tax Exemption Cert. AL Sales Tax License
GA Agricultural Cert. of Exemption for EQ GA Sales & Use Tax Cert.of Exempt. PARTS	SC Agricultural Cert for EQ SC Resale Certificate	NC Certificate of Resale NC Agricultural Cert. for EQ

CHARGING INFORMATION

WE DO NOT CARRY OPEN CHARGE ACCTS – NET DUE UPON RECEIPT	Cash	Check	C.O.D.
Visa#	Expiration Date:		
MC#	Expiration Date:		
CNH Revolving Account#	Credit Limit: \$		
New Holland Account#	Credit Limit: \$		

The CNH account has continuous promotions from **CASE IH/CNH CAPITAL/NEW HOLLAND** that include No payments, No Interest for 3 months or more at a time pending credit limits and credit history through CNH CAPITAL. Terms and conditions apply per CNH Capital Revolving Account Agreement. Please complete CNH Capital Application to apply for these purchasing promotions. Monthly Statements will come from CNH Capital.

PO# Required: YES NO	Explain:
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Dun & Bradstreet #	DOB - -
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BANK INFORMATION

Name of Bank:	Checking Acct #
Contact Name :	Phone:
City:	State: ZIP Code:

Signature of applicant _____	Date
Terms and Conditions apply for Southeast Ag Equipment, Inc. Net On Receipt – Pay per Invoice	

Approval _____ Date _____



STATE OF GEORGIA
DEPARTMENT OF REVENUE
SALES AND USE TAX CERTIFICATE OF EXEMPTION
GEORGIA PURCHASER OR DEALER
EFFECTIVE JULY 1, 2000

To: (SUPPLIER) (MM/DD/YY) (DATE)

(ADDRESS)

THE UNDERSIGNED HEREBY CERTIFIES that all tangible personal property purchased or leased after this date will be for the purpose indicated below, unless otherwise specified on a particular order, and that this certificate shall remain in effect until revoked in writing.

- 1. Resale, rental or leased only, including but not limited to the purchase for resale of gasoline and other motor fuels.
2. Materials for further processing, manufacture or conversion into articles of tangible personal property for resale...
3. Machinery used directly in the manufacture of tangible personal property for sale...
4. Direct Pay Permit authorized under Regulation 560-12-1-.16.
5. For use by Federal Government, State Government, any county, municipality or public school system...
6. Aircraft, watercraft, motor vehicles and other transportation equipment...
7. Aircraft, watercraft, railroad locomotives and rolling stock, motor vehicles and major components...

(TYPE OF BUSINESS ENGAGED IN BY THE PURCHASER)

(COMMODITY CODE)

I declare, under penalties of false swearing, that this certificate has been examined by me and to the best of my knowledge and belief is true and correct, made in good faith, pursuant to the sales and use tax laws of the State of Georgia.

(PURCHASER'S FIRM NAME)

(CERTIFICATE OF REGISTRATION NO.)

(ADDRESS)

By (SIGNATURE) Title (OWNER, PARTNER, OFFICIAL)

A supplier is required to have only one certificate of exemption form on file from each purchaser buying tax exempt. The supplier must exercise ordinary care to determine that the tangible personal property obtained under this certificate is for the purpose indicated.