



A Program of De Lage Landen Financial Services



Credit Application

Fax Completed Application to: (866) 287-1176

For Inquiries, Call: (800) 377-7262

Visit us at www.manitowocfsg.com/finance

THIS SECTION TO BE COMPLETED BY THE SUPPLIER (SELLER)

SUPPLIER (SELLER) INFORMATION

Supplier (Seller) Contact, Address, Phone, Fax, City, State, Zip Code, *E-mail, Supplier Type (Manitowoc Foodservice Distributor, Dealer, Service Contractor, Other)

*Email address is required. Manitowoc Finance will notify Supplier of the credit decision via email.

EQUIPMENT/TRANSACTION DETAILS

Table with columns: Qty, Make, Model, Description, Price

Check if attaching supplier's quote/invoice (Preferred) in lieu of outlining above

PRICING SUMMARY

Table with columns: Category, Amount. Includes Manitowoc Product, Non-Manitowoc, Installation, Freight, Sales Tax, Down Pmt, Total Financed.

REQUESTED FINANCE STRUCTURE DETAILS

*Requested Structure/Promo, Term (in Months), Monthly Payment (if known), # of Advance Payments, **One-time Doc Processing Fee

*If applying for a Manitowoc Finance promotion, rate, structure, etc., please specify here.

**A one-time Documentation/Processing fee is collected upfront with each financed transaction.

THIS SECTION TO BE COMPLETED BY THE APPLICANT

APPLICANT INFORMATION

Full Legal Name of Company, DBA (if any), Address, City, State, Zip Code, E-mail, Years in Business, Website, Federal Tax ID#, Type of Business, Industry of Business

PRINCIPAL INFORMATION

Owner/Officer, Title, Social Security #, Date of Birth, Address, % Ownership, City, State, Zip Code

Note: Additional information may be requested depending on transaction size and credit history of Applicant.

You, the "Applicant" (which term includes the 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.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT LENDER'S ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION.

EACH OF THE UNDERSIGNED IS APPLYING FOR JOINT CREDIT.

SIGNATURE, TITLE, DATE fields for two individuals