

CONSUMER CREDIT APPLICATION

U.S. CITIZEN?
 YES NO

For Dealer Use Only

DEALER NAME & CITY DEERE & SHOCKLEY AUT. TRAILER SALES, INC.	DEALER NO.	CONTACT NAME Rhoda	FAX NUMBER (804) 6490052	TELEPHONE NO. Area (804) 6497508
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APPLICANT

Name (First, Middle, Last)		Date of Birth	Social Security Number		Number Of Dependents (Excluding Yourself)
Address (Street) (City) (State) (Zip Code)		Time at Address ____ Yrs. ____ Mos.		Home Phone Number ()	
Previous Address (if at Current Address Less Than 3 Years)				Time at Previous Address ____ Yrs. ____ Mos.	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents/Relatives <input type="checkbox"/> Other - Explain:	Mortgage or Rent Payment \$	Approx. Value of Home \$	Name of Mortgage Holder/Landlord		Mortgage Balance \$
Name and Address of Current Employer		Position	Time With Employer ____ Yrs. ____ Mos.		Business Phone ()
Monthly Gross Income \$	Other Monthly Income \$ Source:	Previous Employer (if Less Than 3 Years)		Years There	Position
Self Employed/Principal of Corp.? ____ Yrs. ____ Mos.	* You do not have to reveal alimony, child support or separate maintenance income unless you wish to have them considered for approving your application.				Have You Ever Filed Bankruptcy? If "Yes," When? <input type="checkbox"/> Yes <input type="checkbox"/> No
Checking Account With: Balance \$	Savings Account With: Balance \$	Other Cash Assets: <input type="checkbox"/> Money Market <input type="checkbox"/> CD <input type="checkbox"/> Stocks <input type="checkbox"/> Mutual Funds <input type="checkbox"/> IRA Other Cash Assets With: Balance \$			
Check the Creditors You Have Accounts With: <input type="checkbox"/> MasterCard/Visa/Discover <input type="checkbox"/> American Express/Diners <input type="checkbox"/> Department Store	<input type="checkbox"/> Finance Company (Please List)				
Value of All Assets Except Home \$	Total Monthly Payments On All Debts Except Mortgage or Rent \$		Total Balance Of All Debts Owed Except Mortgage \$		
NEAREST RELATIVE (Name) NOT LIVING WITH YOU:		(Address)		(Telephone No.)	(Relationship)

CO-APPLICANT

Name (First, Middle, Last)		Date of Birth	Social Security Number		Home Phone Number ()
Address (Street) (City) (State) (Zip Code)		Time at Address ____ Yrs. ____ Mos.		Self Employed/Principal of Corp.? ____ Yrs. ____ Mos.	
Name and Address of Current Employer		Business Phone ()	Time With Employer ____ Yrs. ____ Mos.		Monthly Gross Income \$
Position With Current Employer	* You do not have to reveal alimony, child support or separate maintenance income unless you wish to have them considered for approving your application.				Have You Ever Filed Bankruptcy? If "Yes," When? <input type="checkbox"/> Yes <input type="checkbox"/> No

DESCRIPTION OF GOODS BEING PURCHASED:

New or Used	YEAR	MANUFACTURER	MODEL	TYPE	LENGTH	DEALER INVOICE

FINANCE TERMS REQUESTED

DEL. CASH PRICE	SALES TAX	CASH DOWN PAYMENT	OFFICIAL FEES	AMOUNT FINANCED	INTEREST RATE	TERM	PAYMENT AMT.	TYPE OF FINANCING <input type="checkbox"/> Fixed <input type="checkbox"/> Variable

TRADE-IN INFORMATION:

YEAR	MANUFACTURER	MODEL	TYPE	LENGTH	AMT. OWED ON UNIT	TRADE-IN ALLOWANCE

Residents of New York, Ohio, Utah, California, Wisconsin, and Maine see reverse side for required disclosure notices. I hereby affirm that the foregoing information is true and correct and made for the purpose of obtaining credit. I authorize you to obtain additional information from any source(s) and each source is hereby authorized to provide you with such information. I also grant you permission to obtain a credit report on me for all legitimate purposes in connection with this transaction. Such purposes include assisting in making a credit decision, reviewing my account and assisting in taking collection activity. I authorize you to share all the foregoing information with Deere & Company and its subsidiaries. This application, in any event, shall be and remain the property of the Lender, and is subject to the completion and acceptance of additional credit application documents prior to any approved extension of credit.

PLEASE SEE REVERSE SIDE OF THIS APPLICATION FOR IMPORTANT DISCLOSURE.

X Applicant Signature	Date	X Co-Applicant Signature	Date
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Applicant acknowledges receipt of completed copy of Application.