JOHN DEERE FINANCIAL

CR3910281 Litho in U.S.A. (17-06)

Multi-Use Personal/Consumer Credit Application

If you have questions about how to complete this application, call 1-800-356-9033 for assistance.

When your application is completed, your John Deere Financial merchant can fax or phone it in for you. If you prefer to mail your application, detach and fold so the mailing panel is exposed, and seal prior to sending. Please do not staple.

Fields marked with an asterisk (*) are required by law (U.S.A. PATRIOT Act or Credit CARD Act). Your application can not be processed without this information. The remaining fields are required in order for John Deere Financial to make an accurate credit decision.

*First Name _____ *Middle Initial _____

*Last Name _____ Suffix _____

*Date of Birth _____ *Social Security # _____ Home Phone # _____

*Physical Street Address _____

*City _____

*State _____ *ZIP Code _____ *Are you a U.S. Citizen? Yes ☐ No ☐

Mailing or P.O. Box Number
(if different than Physical Street Address) _____

E-mail Address _____

*Total Annual Gross Income _____ .00
(Note: Alimony, Child Support or Separate Maintenance Payments Need Not Be Disclosed Unless Relied Upon for Credit.)

PLEASE SIGN BELOW.

NOTICE TO BUYER(S). (a) DO NOT SIGN THIS CREDIT AGREEMENT BEFORE YOU READ IT OR IF ANY SPACES INTENDED FOR THE AGREED TERMS ARE LEFT BLANK. (b) YOU ARE ENTITLED TO A COPY OF THIS CREDIT AGREEMENT AT THE TIME YOU SIGN IT. KEEP IT TO PROTECT YOUR LEGAL RIGHTS. (c) YOU MAY AT ANY TIME PAY OFF THE FULL UNPAID BALANCE UNDER THIS CREDIT AGREEMENT.

(1) You represent that the information given in this application, including all applicant names and all other information provided, is complete and accurate and is provided for the purpose of obtaining credit in an amount set by the credit policies and practices of John Deere Financial, f.s.b. and, if applicable, Deere & Company ("JDF", "we", "us" and "our"). You authorize us to check with reporting agencies, credit references, and any other sources in investigating the information given, in reviewing or taking collection action on the account, or for other legitimate purposes, and each such source is authorized to provide us with such information. You further authorize us to share all information obtained with our affiliates and other companies which may offer or provide services to you. Those affiliates and other companies may use certain consumer report information as a factor in establishing your eligibility for credit. If you object to this, you must notify us by calling 800-356-9033, and provide your name, Social Security number, address and account number, and certain consumer report information will not be provided to those affiliates and other companies. (2) You grant us permission to obtain a credit report on you for all legitimate purposes including assisting in making a credit decision, reviewing your account, and assisting in taking collection activity. (3) Applicant(s) requests a revolving credit account upon our approval of the application. You certify the account will be used for personal, family or household purposes only. (4) You understand that any decision to grant or deny credit will be made by us in Wisconsin. (5) You agree that any notices and disclosures can, at our option, be provided electronically to the last email address that you provided us. (6) Married applicants can apply for an individual account. (7) You agree that, by providing us any telephone number, including mobile phone number, we, and any third party we retain to provide services to us, can contact you using that number. (8) You consent to the recording and monitoring of your telephone conversations by us and any third parties who provide services to us. (9) You authorize us and our affiliates to send you information on our products and services by internet, facsimile transmissions and other electronic means. (10) You also authorize us to disclose financial information about you as described in the credit agreement and future notices we may send you. YOU CERTIFY THAT YOU HAVE READ AND ACKNOWLEDGE RECEIPT OF A TRUE COPY OF THIS AGREEMENT WHICH CONTAINS THE TERMS AND CONDITIONS APPLICABLE TO THE REVOLVING CREDIT ACCOUNT, AND YOU AGREE TO THOSE TERMS AND CONDITIONS.

SIGN HERE

Applicant's Name _____

Applicant's Signature X _____
(Please do not print)

Date _____

☐ **If parent, legal guardian, or spouse of the primary applicant - check here.**

SPOUSE/CO-APPLICANT INFORMATION Please complete for co-applicant, authorized user and for spouse if you live in Wisconsin or other Community Property State.

*First Name _____ *Middle Initial _____

*Last Name _____

*Physical Street Address _____

*City _____ *State _____ *Are you a U.S. Citizen? Yes ☐ No ☐

*ZIP Code _____ *Date of Birth _____ *Social Security # _____

*Total Annual Gross Income _____ .00
(Note: Alimony, Child Support or Separate Maintenance Payments Need Not Be Disclosed Unless Relied Upon for Credit.)

Co-Applicant's Signature X _____ Date _____
(Please do not print)

For Merchant Use Only

Merchant No. _____

Merchant Name _____ Contact at Merchant _____

Customer Account No. _____ Authorization No. _____