

CNH INDUSTRIAL CAPITALSM PRODUCTIVITY PLUSSM ACCOUNT APPLICATION – U.S.

MERCHANT NUMBER (REQUIRED): 504393509900312

MERCHANT NAME: Miller-Bradford & Risberg, Inc MERCHANT CITY/STATE: DeForest, WI

FAX TO 1-866-900-1101 FOR PROCESSING. IF ENTERED IN FINANCE PLUS, FAX TO 1-866-351-2202.

BEFORE YOU APPLY

You must be a Sole Proprietor or be authorized by the Business to submit this application. If the information is incomplete, we may not be able to process the application. Supporting documents may be required for verification. Unless you qualify for a Business Liability Account, both the Authorized Officer and the Business will be jointly and severally liable for all amounts owed on the account.

NOTE: Taxpayer ID Number is required by the USA Patriot Act, except for Sole Proprietors. Social Security Number is required if you are a sole proprietor.

USAGE: ☐ AG ☐ CE/Non-AG

REQUIRED FOR ALL APPLICANTS

Organization Type: <input type="checkbox"/> Embassy <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other Business Type If a financial institution, specify the type: <input type="checkbox"/> Bank <input type="checkbox"/> Non-Bank <input type="checkbox"/> Funds <input type="checkbox"/> MSB (Money Service Business) Bank: license and transfer/invest/lend money; Non-Bank: no bank license but transfer/invest/lend money (insurance companies, credit card companies, etc.); Funds: mutual funds, hedge funds, pension funds, private equity funds; MSB: exchange /transfer/money mechanisms (currency dealer, check casher, etc.)		Legal Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Government/School/Embassy <input type="checkbox"/> Limited Liability <input type="checkbox"/> Partnership	
Full Legal Business Name:		Name of Business (As you would like it to appear on your card, 24 characters maximum):	
Physical Address (If Sole Proprietor, provide Home Address) (No P.O. Box):		City:	State: Zip Code:
Billing Address (If different than Physical Address above):		City:	State: Zip Code:
Business Phone Number (If Sole Proprietor, provide Home Phone Number)*: Ext:		Billing Phone Number (If different than Business Phone Number)*: Ext:	
Business Fax Number:	Anticipated Monthly Highest Purchase Volume:	Federal Taxpayer ID Number (optional for Sole Proprietor):	
Email Address: If you provide your email address, Citibank, N.A. may use it to contact you about your account and tell you about useful products and services. You are also providing your email address to CNH Industrial America LLC and CNH Industrial Capital America LLC, both of which may use it to send you offers and news about the latest merchandise, promotions and sales.			
In Business Since (YYYY):	Number of Employees:	Number of Cards Requested*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Annual Revenue:

*To acquire more cards, please contact customer service after your account has been established. Authorized users must be employees of or contractors under written contract with your business. Authorized user's full name and date of birth will be required when calling. By providing this information, you certify that each authorized user is (1) an employee of or contractor under written contract with your business; (2) has given you permission to share with us the information provided; and (3) has consented to allow us to share information about them in accordance with Citi's Privacy Notice, located online at www.citi.com/privacy.

AUTHORIZED OFFICER (FOR ALL ACCOUNTS EXCEPT BUSINESS LIABILITY ONLY)

The person signing below certifies, agrees or authorizes as follows on behalf of the Business above and in their personal capacity in the case of a Sole Proprietor or a person named as an Authorized Officer (the Business, such Sole Proprietor and such Authorized Officer collectively, "you" or "your"): you agree that the Business and such Authorized Officer, if any, are jointly and severally liable for all amounts owed on the account. By signing below, you also: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of the Citibank Card Agreement that will be sent with your card if credit is granted and you agree to pay all charges incurred under such terms; (3) certify that all the information provided in this application is true and correct and you are authorized to sign the application on behalf of the applicant; (4) authorize us to obtain information about you personally (whether or not you have personally guaranteed the account), your business and any guarantor from employers, banks, credit bureau, and others; to verify your identity and to determine the applicant's eligibility for credit, future extensions of credit, and to collect on any account resulting from this application; and (5) authorize us to share with CNH Industrial Capital America LLC and CNH Industrial America LLC, any credit or credit-related information we obtain or develop concerning you and/or your business for the purpose of determining the applicant's eligibility for credit, renewal or credit, and future extensions of credit. This includes information we get from you and others. It also includes information about your transactions with us. You understand and agree that we may share all personal, transaction and experience information about you personally and your business, as permitted by law, with Case New Holland, its affiliates and its dealers. **IMPORTANT NOTICE REGARDING PRIVACY:** By submitting this application, you understand and agree that Citi may use any information collected from you regarding you personally and your business in accordance with Citi's Privacy Notice located online at www.citi.com/privacy.

Signature of Authorized Officer or Sole Proprietor:			Date:	
First Name:	Initial:	Last Name:	Home Address (No P.O. Box):	
City:			State:	Zip Code: Date of Birth (MM/DD/YYYY):
Home Phone*:			Social Security Number:	Annual Income:

*By giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or a text. Your phone plan charges may apply.

If your business meets any of the following criteria, you may be eligible for a Business Liability Only account:
• LLC, Partnership or Corporation and in business for at least 2 years • Government (including public schools) • Non-profit organization

BUSINESS LIABILITY ONLY

By signing below, you: (1) certify that you have read and agree to the Credit Card Disclosures and Terms and Conditions of Offer, (2) agree to the terms and conditions of the Citibank Card Agreement that will be sent with your card if credit is granted and you agree to pay all charges incurred under such terms; (3) certify that all the information provided in this application is true and correct and you are authorized to sign the application on behalf of the applicant; (4) authorize us to obtain information about you personally (whether or not you have personally guaranteed the account), your business and any guarantor from employers, banks, credit bureau, and others, to verify your identity and to determine the applicant's eligibility for credit, future extensions of credit, and to collect on any account resulting from this application; and (5) authorize us to share with CNH Industrial Capital America LLC and CNH Industrial America LLC, any credit or credit-related information we obtain or develop concerning you and/or your business for the purpose of determining the applicant's eligibility for credit, renewal or credit, and future extensions of credit.

Signature of Company's Authorized Officer:			Date:
First Name:	Initial:	Last Name:	Home Address (No P.O. Box):
City:	State:	Zip Code:	Date of Birth (MM/DD/YYYY):

ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED USERS**

First Name:	Initial:	Last Name:	Date of Birth (MM/DD/YYYY):
First Name:	Initial:	Last Name:	Date of Birth (MM/DD/YYYY):

**An authorized user is any person authorized to purchase on the account. Authorized users must be employees of or contractors under written contract with your business. By providing this information, you certify that each authorized user is (1) an employee of or contractor under written contract with your business; (2) has given you permission to share with us the information provided; and (3) has consented to allow us to share information about them in accordance with Citi's Privacy Notice, located online at www.citi.com/privacy.

FOR MERCHANT USE ONLY:

ID Type (Required):	ID Number (Required):
FAX APPLICATION TO 1-866-900-1101 FOR PROCESSING. IF ENTERED IN FINANCE PLUS, FAX TO 1-866-351-2202.	

FOR INTERNAL USE ONLY:

Account Number/Pending Number:
Store Code: CNHUS