

# CNH INDUSTRIAL CAPITAL<sup>SM</sup> PRODUCTIVITY PLUS<sup>SM</sup> ACCOUNT APPLICATION – U.S.

**MERCHANT NUMBER:** \_\_\_\_\_ **MERCHANT NAME:** KELBE PRODUCTIONS, INC. **MERCHANT CITY/STATE:** 603518505800110 BUTLER  
**FAX APPLICATION TO 1-866-900-1101 FOR PROCESSING.**

**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. 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. Social Security Number is required if you are a sole proprietor.

If your business meets any of the following criteria and you do not wish to provide Authorized Officer information you may be eligible for a Business Liability Only account.

- In business for at least 2 years
- Government (including public schools), or
- Non-profit organization

If you meet the above criteria, please complete all portions of the application except for Authorized Officer Information.

**USAGE:**     AG     CE/Non-AG

**COMPLETE THIS SECTION EXCEPT FOR A SOLE PROPRIETOR    COMPLETE THIS SECTION ONLY IF A SOLE PROPRIETOR**

Federal Taxpayer ID Number:	Social Security Number (Required):	Federal Taxpayer ID Number (If different than Social Security Number):	
Full Legal Business Name:	First Name:	MI:	Last Name:
<input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Government (including public schools)	Suffix:	Date of Birth (MM/DD/YYYY):	

**REQUIRED FOR ALL APPLICANTS**

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:	Business Fax Number: (    )	
Billing Phone Number (If different than Business Phone Number)*: (    )	Ext:	Email Address:	
Anticipated Monthly Highest Purchase Volume:		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:	Annual Revenue:

**AUTHORIZED OFFICER (REQUIRED, EXCEPT FOR BUSINESS LIABILITY ONLY OR A SOLE PROPRIETOR)**

First Name:	MI:	Last Name:	Suffix:	Social Security Number:	Date of Birth (MM/DD/YYYY):
Physical Address (Required. No P.O. Box):			Primary Phone Number*: (    )		
City:		State:		Zip Code:	

\*If you have entered a cell phone number, or another number that you later convert to a cell phone number, you agree that we may contact you at this number. You also agree to receive calls and messages such as, pre-recorded messages, calls and messages from automated dialing systems, or text messages. Normal cell phone charges may apply.

**SIGNATURE REQUIRED**

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 in the Authorized Officer section above (the Business, such Sole Proprietor and such Authorized Officer collectively, "you" or "your"): (1) you certify that you have read and agree to the Terms and Conditions of Offer and Initial Disclosure Statement; (2) you agree to the terms and conditions of the Citibank Account Agreement that will be sent with the card if credit is granted and to pay all charges incurred under such terms; (3) you certify that all information provided in this application is true and correct and that such person is authorized to sign this application if signing on behalf of the Business; (4) you authorize Citibank, N.A. ("we" or "us") to obtain information about you from employers, banks, credit bureaus, and others, to verify your identity and to determine eligibility for credit, the renewal of credit, the future extension of credit, and to collect on any account resulting from this application; and (5) you agree that the Business and such Authorized Officer, if any, are jointly and severally liable for all amounts owed on the account. You authorize us to share information about you with others (including with CNH Industrial Capital America LLC and CNH Industrial America LLC, their affiliates and merchants) as permitted by law. This includes information we get from you and others. It also includes information about your transactions with us.

**Signature:** \_\_\_\_\_

<b>Print Name &amp; Title:</b> _____	<b>Date:</b> _____
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**ADDITIONAL PRODUCTIVITY PLUS ACCOUNT AUTHORIZED USERS**

First Name:	MI:
Last Name:	Suffix:
First Name:	MI:
Last Name:	Suffix:

**FOR MERCHANT USE ONLY:**

ID Type (Required)	_____
ID Number (Required)	_____
<b>Dealer/Merchant: If application was entered in Finance Plus directly by your dealership, please fax the SIGNED application to 1-866-351-2202.</b>	

**FOR INTERNAL USE ONLY:**

Account Number/Pending Number	Store Code:
_____	CNHUS