

Toro Installment Finance Program

Wisconsin Residents: please see reverse side.

GE Money Bank
Fax: 866-405-9648
Phone: 866-768-3854

For Business Use (Complete sections 1-4) For Personal Use (Complete sections 2-3)

Section 1 Describe Your Business

Type of Business: Sole Proprietor Partnership Nonprofit C-Corp S-Corp Government Check here if GE Affiliate:

Gross Annual Sales/Revenues: Less Than \$50,000 \$50,000 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$3,000,000 \$3,000,001 +

Section 2 Applicant or Personal Guarantor 1 Information

First Name _____ M. Initial Last Name _____ SR., JR., III _____

Present Address *If P.O. Box, list name, address, city, state, zip of nearest living relative. Do You (Check One) Own Rent Other

City _____ State _____ Zip _____ Years at Residence _____ \$ _____ Monthly Payment _____

Home Phone _____ Social Security Number _____ Birth Date _____ / _____ / _____
Month Day Year

Self Employed? Yes No Your Employer _____ How Long (Yrs.) _____ Annual Income* \$ _____ Occupation _____

Business Phone _____ Previous Employment Time if less than 2 Years _____ How Long (Yrs.) _____ Cell/Other Phone Where We May Call You _____

Source of Other Income* \$ _____ Annual Amount _____
Nearest Relative Not Living With You: Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____

***NOTE: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.**

Section 3 Co-Applicant or Personal Guarantor 2 Information

First Name _____ M. Initial Last Name _____ SR., JR., III _____ Relationship to Applicant Spouse Other

Present Address *If P.O. Box, list name, address, city, state, zip of nearest living relative. Do You (Check One) Own Rent Other

City _____ State _____ Zip _____ Years at Residence _____ \$ _____ Monthly Payment _____

Home Phone _____ Social Security Number _____ Birth Date _____ / _____ / _____
Month Day Year

Self Employed? Yes No Your Employer _____ How Long (Yrs.) _____ Annual Income* \$ _____ Occupation _____

Business Phone _____ Previous Employment Time if less than 2 Years _____ How Long (Yrs.) _____ Cell/Other Phone Where We May Call You _____

Source of Other Income* \$ _____ Annual Amount _____
Nearest Relative Not Living With You: Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____

***NOTE: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.**

Sign Here for Consumer Application

By signing below, I acknowledge that I have read the Consumer Application disclosure on the back of the application, which is incorporated herein, and that I agree to be bound by its terms.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

Applicant's Primary ID (Type, Number, State of Issuance) Expires _____ Co-Applicant's Primary ID (Type, Number, State of Issuance) Expires _____

Applicant's Secondary ID (Credit Type and Issuer) Expires _____ Co-Applicant's Secondary ID (Credit Type and Issuer) Expires _____

Sign Here for Business, Personal Guaranty

By signing below, I acknowledge that I have read the Personal Guaranty disclosure on the back of the application, which is incorporated herein, and that I agree to be bound by its terms.

Signature of Personal Guarantor #1 (Please do not Print) _____ Date _____ Signature of Personal Guarantor #2 (Please do not Print) _____ Date _____

Section 4 Business Details

Your Company's Full Legal Name _____ DBA _____ Year In Bus. Since _____ # of Employees _____

Business Mailing Street Address (No P.O. Box) _____ City _____ State _____ Zip _____

Account Contact Person _____ Tax ID Number _____ Nature of Business _____

Signature of Company's Authorized Representative

By signing below, I acknowledge that I have read the Company's Authorized Representative Application disclosure on the back of the application, which is incorporated herein, and that I agree to be bound by its terms.

Signer must be an officer, owner, or agent of business or entity and must be authorized to enter into contracts on behalf of business or entity. Title _____ Date _____

Collateral Information

Lawn Tractors Garden Tractors Zero Turn Riding Mowers Front Deck Mowers Walk Behind Mowers Attachments
Year _____ Make _____ Is the Product: New Used \$ _____
Model _____ If New, MSRP _____

Lawn Tractors Garden Tractors Zero Turn Riding Mowers Front Deck Mowers Walk Behind Mowers Attachments
Year _____ Make _____ Is the Product: New Used \$ _____
Model _____ If New, MSRP _____

Sales Information

Cash Sale Price \$ _____ Manufacturer Rebate \$ _____ Doc Prep Fee \$ _____
Accessories \$ _____ Gross Trade-In \$ _____ Total Other Fees \$ _____
Sales Tax \$ _____ Less Amount Owed on Trade-In \$ _____ Warranty / GAP / Tire Guard / ESC \$ _____
Cash Down Payment \$ _____ Freight & Set Up \$ _____ Amount Financed \$ _____

CONTACT NAME _____ STORE NUMBER **266**

STORE FAX _____ STORE PHONE _____ Dealer: Attach Collateral Addendum, if applicable 201-828-00 (2/09)

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