Personal service... It's that simple.
SHEFFIELD Financial
A Division of BB&T

Authorized Hustler Turf Dealer
Fire Fighter Products, Inc.
TELEPHONE: **1-800-359-3473** FACSIMILE: **1-252-792-8993**
www.firesafetyplus.com

EACH OF YOU INTEND TO APPLY FOR JOINT CREDIT _____ (initials) _____ (initials)
Applicant Joint Applicant

JOINT APPLICATION WITH _____ **AND** _____
Applicant Full Name Joint Applicant Full Name

TYPE OF ACCOUNT REQUESTED: ❑ INSTALLMENT LOAN ❑ SHEFFIELD CARD

DATE	SALES PERSON	DEALER NAME	TELEPHONE NUMBER
		Fire Fighter Products, Inc.	( ) 800-359-3473

PROMOTION	APPROVAL #	REQUESTED AMOUNT	# PAYMENTS	FAX NUMBER
				( ) 252-792-8993

APPLICANT INFORMATION ❑ CONSUMER/PERSONAL/HOUSEHOLD USE ❑ BUSINESS/COMMERCIAL USE

FIRST NAME _____ LAST NAME _____ MIDDLE NAME _____ JR/SR _____

PRESENT STREET ADDRESS (NOT P.O. BOX) _____ APT. # _____ CITY _____ STATE _____ ZIP CODE _____ HOW LONG? YEARS _____

HOME TELEPHONE _____ CELL PHONE _____ SOCIAL SECURITY # _____ BIRTH DATE _____ ❑ OWN/BUYING ❑ RENT FREE ❑ RENT ❑ OTHER

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____ APT. # _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ *By providing, I agree that Sheffield may use this email address to correspond with me regarding my personal account information.*

EMPLOYMENT INFORMATION • SELF EMPLOYMENT

CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME) _____ BUSINESS TELEPHONE NUMBER _____

EMPLOYER ADDRESS _____ HOW LONG? YRS. - MOS. _____ GROSS MONTHLY INCOME FROM ALL SOURCES* _____

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

CITY _____ STATE _____ ZIP CODE _____ POSITION/TITLE _____

❑ **CHECK IF LOAN TO BE IN BUSINESS NAME ABOVE. GUARANTY AGREEMENT REQUIRED.**

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

BANK INFORMATION

BANK NAME _____

EQUIPMENT INFORMATION

	MANUFACTURER:	YEAR:	MAKE:	MODEL:	VIN/SERIAL#:	PRICE:
1						$
2						$
3	ACCESSORIES AND OTHER CHARGES/FEES (LIST)					$

NOTICE TO DEALER:
THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S CONTRACT. INCORRECT INFORMATION WILL DELAY FUNDING.

*If equipment being traded in is financed through Sheffield, call us for pay-off and instructions.

TOTAL (LINES 1-3) $ _____
LESS CASH DOWN PAYMENT – $ _____
LESS TRADE IN* – $ _____
REQUESTED AMOUNT $ _____

IMPORTANT INFORMATION ABOUT ACCOUNT OPENING PROCEDURES: Federal law requires all financial institutions, prior to account opening, to obtain, verify, and record information that identifies each person who asks to open an account.

WHAT THIS MEANS TO YOU: When you apply for credit, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Failure to provide the required information may result in denial of your request to open an account.

DEALER USE ONLY

NAMES AS LISTED ON DRIVERS LICENSE _____ APPLICANT'S DRIVER'S LICENSE NUMBER _____ STATE _____ EXP. DATE _____ JOINT APPLICANT DRIVER'S LICENSE NUMBER _____ STATE _____ EXP. DATE _____

DEALER/EMPLOYEE NAME COMPLETING DRIVER'S LICENSE INFORMATION _____ ❑ SIGNATURES MATCH ❑ PHOTOS MATCH

SECTION 1 PLEASE PRINT CLEARLY

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SECTION 1

JOINT APPLICANT INFORMATION

An additional card will be issued to you. The primary card holder (and joint applicant, if any) will be jointly and severally liable for all purchases made and all amounts due on the account.

FIRST NAME _____ LAST NAME _____ MIDDLE NAME _____ JR/SR _____

PRESENT STREET ADDRESS (NOT P.O. BOX) _____ APT. # _____ CITY _____ STATE _____ ZIP CODE _____ YEARS _____

HOME TELEPHONE _____ CELL PHONE _____ SOCIAL SECURITY # _____ BIRTH DATE _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____ APT. # _____ CITY _____ STATE _____ ZIP CODE _____

EMPLOYMENT INFORMATION • SELF EMPLOYMENT

CURRENT EMPLOYER (IF SELF EMPLOYED, BUSINESS NAME) _____ BUSINESS TELEPHONE NUMBER _____

EMPLOYER ADDRESS _____ HOW LONG? YRS. - MOS. _____ GROSS MONTHLY INCOME FROM ALL SOURCES* _____

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

CITY _____ STATE _____ ZIP CODE _____ POSITION/TITLE _____

SECTION 2

This is an application for credit to Sheffield Financial, a division of Branch Banking and Trust Company ("Application"). The words "we," "us," and "our" and "Sheffield" means and includes Sheffield Financial, its designated service providers, agents, assigns, and successors, as applicable. The words "you" and "your" mean each applicant (as individuals) and both applicants (collectively) shown in Section 1 and signing the Application, either as the primary applicant or a joint applicant.

You agree that you read this Application and everything stated in it is true and complete. You certify that you are at least 18 years of age.

If this Application is for a credit card and revolving line of credit account provided by Sheffield ("Sheffield Card"), then: (a) you agree that you are asking Sheffield to issue a credit card to you if Sheffield approves this Application; and (b) you certify that you have read and agree to the terms for the Sheffield Card shown in the Application and Account Opening Disclosures.

You authorize us to verify and obtain your credit and employment history or other information about you in this Application. You authorize us to obtain credit reports or similar consumer reports about you from one or more consumer reporting agencies in connection with your Application. If we approve this Application, you authorize us to obtain such credit and consumer reports about you in the future from consumer reporting agencies in connection with reviews, updates, extensions, renewals, modification, servicing, and collection of your Sheffield account, and other legitimate purposes allowed by law. If you request, we will inform you whether we obtained a consumer report about you and, if so, provide the name and address of the consumer reporting agency that furnished any such report.

You understand and agree that we may provide information about your transactions with us to third parties (including consumer reporting agencies) for lawful purposes. WE MAY REPORT INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT REPORT.

You agree that we may call you, leave you a voice, prerecorded, or artificial voice message, or send you a text, e-mail, or other electronic message for any purpose related to your accounts with Sheffield, its products and services, or surveys or research (each, a "Communication"). You agree that we may call or text you at any telephone number associated with your accounts, including cellular telephone numbers, and may send an e-mail to any email address associated with your accounts. You also agree that we may include your personal information in a Communication and may conduct a Communication using an automatic telephone dialing system. We will not charge you for a Communication, but you understand that your service provider may. You understand and agree that we may always communicate with you in any manner permitted by law that does not require your prior consent.

You certify that: (i) the property purchased pursuant to this Application is for your personal and/or business use; (ii) you are fully responsible for making all payments for such property; (iii) such property will be in your possession or under your control, until the amount financed and all interest charges have been paid in full; and (iv) you are not purchasing any property financed through us for the benefit or use of a person or entity other than you, without our prior written approval. You understand and agree that you are granting us a purchase money security interest in the property you purchase with the Sheffield account.

CALIFORNIA RESIDENTS: A married applicant may apply for a separate account. After credit approval, each applicant shall have the right to use this account to the extent of any credit limit set by the creditor and each applicant may be liable for all amounts of credit extended under this account to each joint applicant.

NEW YORK RESIDENTS APPLYING FOR SHEFFIELD CARD: New York residents may contact the New York State Department of Financial Services at 877-226-5697 to obtain a comparative listing of credit card rates, fees, and grace periods.

OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

MARRIED WISCONSIN RESIDENTS: If you (primary applicant, joint applicant, or both) are married, then: (1) your name is:_____; (2) your spouse's name and address is_____. If you are married, your signature confirms that any obligation under this account will be incurred in the interest of your marriage or family. No provision of any marital property agreement, unilateral statement, or court order applying to marital property will adversely affect a creditor's interests unless the creditor, before the time credit is granted, is furnished with a copy of the agreement, statement, or court order, or has actual knowledge of the provision.

SIGNATURE (Primary Applicant) _____ **DATE** _____

SIGNATURE (Joint Applicant) _____ **DATE** _____