



Toro Credit Card Dealer Application



This is an application to accept credit cards issued by Citibank, N.A. Refer to Dealer Application Checklist for instructions about completing and submitting this application. All fields must be completed in order for the application to be processed.

1

Dealer Information Application Date _____

| | | | | | |
|--|--|--------------------|-------------------|---|-------|
| Brand Applying For <input type="checkbox"/> Toro (Irritrol/Unique Lighting) <input type="checkbox"/> Exmark | | Toro Dealer # | | Exmark Dealer # | |
| Is this enrollment for an? <input type="checkbox"/> Additional Citi Program (If checked, only Sections 1, 2, 4, and 7 need to be completed) | | | | | |
| Corporate Name | | | | | |
| Trade Name (DBA), if applicable | | | | | |
| Address (physical) | | | | | Suite |
| City | | | | State | Zip |
| Phone Number | | Fax Number | | Federal Tax ID | |
| Check appropriate box and indicate Federal Tax Classification: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company. Enter the Tax Classification (C=C Corporation, S=S Corporation, P=Partnership) _____ | | | | | |
| Date Business Established | | Total Annual Sales | | Estimate of Annual Sales on the Toro Credit Card* \$_____ | |
| <small>*This number should encompass what is expected to be processed on the Toro Credit Card, not the total volume that is eligible to be processed on the Toro Credit Card.</small> | | | | | |
| Seller Permit Number for State Sales & Use Tax | | | State of Issuance | Main Contact | Title |
| Main Contact Email Address (This email address will be used to communicate program information regarding the Toro-Exmark Credit Card Program.) | | | | | |
| Alternate Contact | | | | | Title |

2

Additional Citi Program(s) (If applicable)

| | |
|--|-----------------|
| Is this dealership enrolled with other Citi programs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the program name(s) and Citi Merchant number(s) below. | |
| Program Name | Citi Merchant # |
| Program Name | Citi Merchant # |
| Program Name | Citi Merchant # |


3

Additional Dealer Location(s) (If applicable)

| | | | |
|---|--|---------------------------------------|-------|
| Are there more than two additional dealers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, photocopy Section 3 and list additional dealers and include with this application. | | | |
| Dealer #2 Trade Name (DBA), if applicable | | | |
| Toro Dealer # | | Exmark Dealer # | |
| Company Email Address (optional) | | | |
| Address (physical) | | | Suite |
| City | | State | Zip |
| Phone Number | | Fax Number | |
| Main Contact | | Main Contact Email Address (optional) | |
| Dealer #3 Trade Name (DBA), if applicable | | | |
| Toro Dealer # | | Exmark Dealer # | |
| Company Email Address (optional) | | | |
| Address (physical) | | | Suite |
| City | | State | Zip |
| Phone Number | | Fax Number | |
| Main Contact | | Main Contact Email Address (optional) | |

4

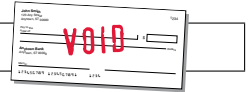
Settlement Bank Information and Supplier References

| | | |
|---------------------------------------|--|------------|
| Settlement Bank | | |
| Routing Number/ABA | How To Find Routing And Account Numbers On Your Checks | |
| Account Number/DDA |  | |
| List Supplier References Below | | |
| Supplier Name | Phone Number | Fax Number |
| Supplier Name | Phone Number | Fax Number |

5

Voided Check

A VOIDED CHECK OR BANK CERTIFICATION LETTER IS REQUIRED



6

Officers, General Partners, Members, Owners, or other Principals of the Dealership

| | | | | |
|---|--------------|-------|------------------------|-----|
| Full Name | | Title | Social Security Number | |
| Date of Birth (mm/dd/yyyy) | Home Address | City | State | Zip |
| If Home Address is less than 2 years, please provide previous address | | | | |
| Previous Address | | City | State | Zip |
| Have you or any entity you have been affiliated with ever done business with Citibank, N.A. or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you or any entity you have been affiliated with ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If the answer to either of the two questions above is Yes, please explain. Use a separate sheet, if necessary. | | | | |

| | | | | |
|---|--------------|-------|------------------------|-----|
| Full Name | | Title | Social Security Number | |
| Date of Birth (mm/dd/yyyy) | Home Address | City | State | Zip |
| If Home Address is less than 2 years, please provide previous address | | | | |
| Previous Address | | City | State | Zip |
| Have you or any entity you have been affiliated with ever done business with Citibank, N.A. or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you or any entity you have been affiliated with ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If the answer to either of the two questions above is Yes, please explain. Use a separate sheet, if necessary. | | | | |

7

Dealer's agreement to Dealer Agreement; Authorizations; Dealer's Tax Certification

Each person who signs below (an "Authorized Signer") applies for and on behalf of Dealer to accept private label credit cards issued by Citibank, N.A. (together with its successors and assigns, "Bank") as contemplated by the Dealer Agreement previously received by Dealer having the same form number as this application (as amended from time to time, the "Agreement"). Each Authorized Signer agrees with Bank for and on behalf of Dealer that: (i) **Dealer agrees to the terms and conditions of the Agreement which contains limitation of liability, jury waiver and arbitration provisions** and (ii) the Agreement shall be effective and binding on Dealer if accepted by Bank.

Each Authorized Signer represents to Bank that all information contained in this application is true, accurate and complete and that he/she has authority to submit this application on behalf of Dealer. Dealer and each Authorized Signer hereby authorize Bank to obtain, verify and exchange with any person or entity information about Dealer and each Authorized Signer, including, without limitation, commercial and consumer credit reports. Dealer and each Authorized Signer hereby authorize any person or entity to furnish Bank any information that such person or entity may have or obtain about Dealer and each Authorized Signer. All of the above authorizations shall remain in effect until Bank rejects this application or, if Bank accepts the Agreement, until the Agreement is terminated and Dealer's obligations under the Agreement are satisfied.

Dealer's Tax Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividend income or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US citizen or other US person (as defined in the Form W-9 instructions).

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

| | | |
|---|------|-------------------|
| Signature (First Authorized Signature) | Date | Home Phone Number |
| Signature (Second Authorized Signature) | Date | Home Phone Number |

Please ensure all fields of the form are complete and fax to **1-866-352-5204** or email **ccsdealerapplications@citi.com**.
For additional support, please contact Merchant Services at **1-866-786-2026**.