



Dealer Group Contact Info Form

Please complete these two pages & email it to Russ.Green@machineryadvisors.org

Dealer Name: _____

Address: _____

Main Phone Number: _____

Dealer Business System: _____ Corporation S or C? _____

Fiscal Year Starting & Ending Months: _____

Participating Dealer Managers/Leaders:

Name: _____

Title: _____

Email: _____

Work Phone Number: _____ Cell Phone Number: _____

Name: _____

Title: _____

Email: _____

Work Phone Number: _____ Cell Phone Number: _____

Name: _____

Title: _____

Email: _____

Work Phone Number: _____ Cell Phone Number: _____

Name: _____

Title: _____

Email: _____

Work Phone Number: _____ Cell Phone Number: _____

CFO/Controller Name: _____

Email: _____

Work Phone Number: _____ Cell Phone Number: _____

Date: _____, 2021
To: Sarah Carnivale, BMS Manager (sarah.carnivale@cnhind.com)
CC: Russ.Green@machineryadvisors.org
From: _____
Subject: Authorization to Share Financial Information

Dear Ms. Carnivale:

Dealership _____ (“Dealer”) hereby authorizes CNH Capital America LLC or CNH Capital Canada Ltd., as the case may be (“CNH Capital”), to share with VisTion Advisory, LLC (“VTA”) any/all financial information submitted by the Dealer to CNH through the BMS Tool. Dealer understands that such information shall remain confidential and will be used by VTA in its analyses and reports it prepares for the CNH Best Practices Group of which Dealer is a member.

In the event that Dealer elects to terminate the authorization granted herein, Dealer acknowledges and agrees that it shall provide CNH Capital with thirty (30) days written notice and addressed to the following advising of the same:

Sarah Carnivale
5789 Washington Ave.
Racine WI 53406

If there are questions or concerns regarding this authorization, please contact George Russell (george.russell@machineryadvisors.org) at your convenience.

Authorizes, Acknowledges and Agrees:

Signature

Principal Name (Please Print)

Dealership Name (Please Print)

Date