

## CREDIT APPLICATION

### CUSTOMER INFORMATION

### EQUIPMENT FINANCE APPLICATION

EXACT LEGAL NAME OF BUSINESS ENTITY ("Obligor") (EXACT LEGAL NAME)				TELEPHONE NUMBER	
ADDRESS (STREET) (NO P.O. BOXES)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
NATURE OF BUSINESS (DETAIL BUSINESS ACTIVITIES)			FAX NUMBER		FED. TAX NO. (REQUIRED)
WEBSITE ADDRESS		GROSS ANNUAL REVENUES	DATE BUSINESS ESTABLISHED (mm/yyyy)		DATE CURRENT OWNERSHIP (mm/yyyy)
BUSINESS STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> TRUST					

**OWNERS, PARTNERS, GUARANTORS (ATTACH SEPARATE SHEET IF NECESSARY) required for each owner (Sole Proprietor or Managing Partner of Partnership) with an equity interest of 25% or more and each guarantor as well as any one individual with a significant ability to manage or control the entity. Use addendum if needed.**

PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT
ANNUAL SALARY \$	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN	EMAIL ADDRESS			
PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT
ANNUAL SALARY \$	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN	EMAIL ADDRESS			

**EQUIPMENT INFORMATION If available, provide Sales Order with equipment list and pricing details as addendum.**

VENDOR/EQUIPMENT DESCRIPTION: YEAR, MAKE, MODEL		EQUIPMENT COST	CASH DOWN/TRADE	AMOUNT TO FINANCE/LEASE
FINANCING/LEASE STRUCTURE \$1.00 LEASE <input type="checkbox"/> TRAC LEASE <input type="checkbox"/> LOAN <input type="checkbox"/>		FINANCE/LEASE TERM 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>	ADDITION REPLACEMENT <input type="checkbox"/>	DELIVERY DATE
LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE, COUNTY)	(ZIP CODE)

### BANK INFORMATION

BANK	BRANCH	FAX NUMBER	TELEPHONE NUMBER
CURRENT CHECKING ACCT BALANCE	CHECKING ACCOUNT NUMBER(S)	LOAN(S) ORIGINAL BALANCE	LOAN(S) CURRENT BALANCE

### TRADE INFORMATION

COMPANY NAME	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT PERSON

The undersigned, each individually as principals and/or guarantors of the Obligor, and on behalf of the Obligor (individually and collectively "Applicant"), hereby affirms that the foregoing information contained in this Credit Application is presented for the purpose of obtaining or maintaining credit as of the date indicated and is true, complete and correct. Applicant understands the Lender/Lessor is relying on this statement of our financial condition in extending or continuing to extend credit to Applicant, Lender/Lessor its affiliates, successors or assigns is/are authorized to make any investigation of Applicant's credit either directly or through any agency for that purpose. Lender/Lessor may disclose to any other interested parties our experience with this account. Applicant agrees to inform Lender/Lessor immediately of any matter which will cause any significant change in Applicant's financial condition. Applicant understands that Lender/Lessor will retain this application whether or not credit is granted. Lender/Lessor may share this application or information contained in or related to it with potential funding sources to determine Applicant's eligibility for credit services unless you write Lender/Lessor to advise that you do not want this information shared.

<b>X</b>	DATE:	<b>X</b>	DATE:
PRINTED NAME AND TITLE:		PRINTED NAME AND TITLE:	

**Additional Information:**

1. Last 3 monthly business checking account statements (due with credit application)
2. Sales Tax Exemption Certificate (if applicable)
3. ACH form executed with copy of voided check (due upon credit approval)
4. Copy of signer’s Valid ID (Driver’s License, State ID, Passport or Military ID) (due upon credit approval)
5. Insurance Certificate (Listing Leasing Company as loss payee and additional insured) (due before funding)

**Supplemental Information:** (maybe required if Credit guidelines are not met)

1. Personal Financial Statement (all owners over 25%)
2. Three years personal and Corporate Tax Returns
3. Unencumbered Collateral list

**ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT).**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact the Credit Manager, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

**REPORTING AND NEGATIVE INFORMATION:** We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**REPRESENTATIONS, AUTHORIZATIONS, AND AGREEMENTS:** This application is for the commercial or governmental lease of goods and not for any financing for personal property to be used primarily for personal, family, or household purposes and the applicant agrees that consumer credit laws shall not apply. The applicant and each owner signing this application, and each guarantor (collectively, “you” or “your”) authorize bank and its affiliates, and third parties acting for or on behalf of bank, and any assignees or transferees of any credit extended to you by bank (collectively, “we” or “us”), to check credit information, references and bank accounts and to obtain credit reports and other credit information from any credit reporting agency or credit grantor. You authorize us to hold, use, exchange and disclose information obtained by us in connection with this application or any credit provided to you by us and the administration of our contracts with you and as otherwise required or permitted by law, including without limitation any of the foregoing regarding this application or your credit experience, capacity or standing, and any credit reports, financial statements and organizational documents. You agree for purposes of credit evaluation this application and that any and all information sent as part of your credit request can be transmitted via internet.

**TCPA NOTICE:** You agree that Lessor it successors and or assigns, affiliates, agents and service providers may monitor and record telephone calls regarding your account to assure the quality of service or for other reasons. You also expressly consent to Lessor, Lessor affiliates, agents and service providers to use written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic telephone dialing systems. You agree Bank, Bank affiliates, agents and service providers may do so using any e-mail address or any telephone number you provide to us at any time, including a number for a cellular phone or other wireless device, regardless of whether charges are incurred as a result.

**INDIVIDUAL AUTHORIZATION:** By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides bank written authorization to obtain and review his/her personal consumer report from any reporting agency in connection with this application, whether or not his or her credit is being relied upon in connection with this application. If you request, bank will provide you with the name and address of the person to whom the request for any consumer report was made. You are entitled to receive certain information from that reporting agency upon request.

By signing this application, the undersigned confirms that the undersigned has read and understands this application and that the information provided in connection with this application is true, correct and complete, and authorizes bank to rely on and use it to evaluate this application.

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_