

Credit Application

CUSTOMER INFORMATION			
CUSTOMER / BUSINESS NAME		FED TAX I.D. NO.	SIC CODE
MAILING ADDRESS – IF P.O. BOX, PLEASE LIST THE COMPLETE PHYSICAL ADDRESS BELOW			YEARS AT ADDRESS
CITY	COUNTY	STATE	ZIP CODE
PHYSICAL ADDRESS – IF DIFFERENT FROM ABOVE		CITY	STATE ZIP CODE
BIRTH DATE OR INCORPORATION DATE	YEARS IN BUSINESS	WORK PHONE ()	FAX ()

VENDOR INFORMATION & EQUIPMENT DESCRIPTION						
COMPANY NAME		ADDRESS / CITY / STATE / ZIP			CONTACT / PHONE NO.	
EQUIPMENT DESCRIPTION	QTY	MODEL	SERIAL NO.	PURCHASE PRICE	INSTALLATION LOCATION	

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR OWNERS (ALL must fill out and sign – make additional copies of this application if needed)					
NAME		DATE OF BIRTH		NAME DATE OF BIRTH	
HOME ADDRESS			HOME ADDRESS		
CITY STATE ZIP			CITY STATE ZIP		
TELEPHONE		EMAIL ADDRESS		TELEPHONE EMAIL ADDRESS	
SOCIAL SECURITY NO.		% OWNERSHIP		SOCIAL SECURITY NO. % OWNERSHIP	
DRIVER'S LICENSE		ISSUE DATE EXPIRATION DATE		DRIVER'S LICENSE ISSUE DATE EXPIRATION DATE	
<small>By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.</small>					
SIGNATURE		DATE		SIGNATURE DATE	
PRINT NAME			PRINT NAME		

BUSINESS INFORMATION			
TYPE OF BUSINESS (OR APPLYING AS): <input type="checkbox"/> an Individual or Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Municipality			State of Incorporation:
BANK NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT
BANK NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT
EQUIPMENT LOAN FINANCE/LEASING CO. NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT
TRADE REFERENCES NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT
REQUESTED LEASE TERMS			
Amount Requested _____	No. of Months: _____	Monthly Payment*: _____	Purchase Option: _____
* Does not include sales tax			\$1.00 or Fair Market Value or TRAC

Yes No	Has the business ever declared bankruptcy last 10 years?	If yes, chapter	Date of filing
Yes No	Has any principal ever declared bankruptcy last 10 years?	If Yes, Name and Chapter	Date of filing
Yes No	Are there any delinquent taxes owed by the Business or any principal/ owner?	If Yes, explain:	
Yes No	Is there any pending litigation or unsatisfied judgments for the business or any principal /owner?	If Yes explain:	
Yes No	Does any one customer represent more than 10% of annual sales/revenues?	If Yes, Customer Name And Percentage	
Yes No	Is the business for sale or under agreement That would change the ownership?	If Yes, explain:	
Has the business incurred a loss in any of the last 3 years? Yes No			
PRINCIPAL/OWNER TRUST INFORMATION			
Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s):			



CONSENT BY BUSINESS PRINCIPAL TO OBTAIN CONSUMER CREDIT REPORT

In connection with the above application for credit by "Applicant" to "Bank" and any subsequent financial products or services the Bank may offer Applicant including any renewals, extensions, modifications or workouts, I consent to Bank obtaining one or more consumer credit reports on me from time to time. Bank may also investigate my background, income, credit or credit worthiness, assets or other matters as it reasonably deems necessary or appropriate.

Name: _____
Name _____
Signature: _____ Signature _____
_____ Date _____ Date _____

BY SIGNING BELOW, WE CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE AND THAT WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT. Applicant(s) are aware that any knowing or willful false statements for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. You are authorized to make all inquires you deem necessary to verify the accuracy of this Statement either directly or through any agency employed by the Bank for that purpose. Applicant authorizes "Bank" to obtain credit reports, and agrees to provide any additional information that the Bank may require to process this application. Applicant also authorizes Bank to obtain copies of its tax returns and information from the IRS and other taxing authorities, and agrees to execute whatever forms the Bank requests to obtain such information.

REQUIRED SIGNERS: **SOLE PROPRIETORSHIP**-The owner (If married, you may apply for a separate account); **PARTNERSHIP**-All general partners; **LIMITED LIABILITY COMPANY**-All members or manager(s). **CORPORATION** - The persons named in the Corporate Resolution;

Authorized Signature	Print Name	Title	Date
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Authorized signature	Print Name	Title	Date
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AUTHORIZATION TO OBTAIN CREDIT INFORMATION

To Whom It May Concern: The undersigned individual(s) and or firm has applied for a business loan, equipment lease, line of credit, and hereby authorizes you to release all credit information to: lessors, banks, lending institutions, income tax reporting agencies, credit reporting agencies, financing entities, and or their assigns which may be required to process the undersign's loan request, including, but not limited to the following:

The status and history of depository information, including: checking and savings account balances, real estate loan and/or mortgage information, including current balance, monthly payment amounts, payment history and terms for personal loans, consumer credit, and trade accounts.

You are expressly authorized to complete any verification forms to which this executed authorization or a facsimile thereof is attached. This authorization or its facsimile shall have the same force and effect as though the undersigned had executed such verification request form. For the purpose of securing financing, I authorize all bank deposit, credit, trade references, and borrowing information to be released by telephone or facsimile to financial services, lender funding entity, and/or their assigns.

A copy or facsimile of this form (being a facsimile or copy of the Authorization signature) shall have the same force and effect as the original.

Thank you for your assistance.

Applicant: _____ **Date:** _____
Print or Type Your Name

Social Security No.: _____

Home Address: _____
(NO PO BOXES)

City: _____ **State:** _____ **Zip Code:** _____

Telephone _____ **Fax Number** _____
(Must be your home phone number, not the business or cell numbers)

Applicants E-Mail: (PRINT) _____

AUTHORIZATION TO OBTAIN CREDIT INFORMATION:

Applicant warrants all credit and financial information submitted to the lending entity and/or assigns to be true and accurate and hereby authorizes the finance company and/or assigns, and all banking, lending, financial services, institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals authorizes the finance company and/or assigns, or any lending entity to obtain personal credit bureau reports and/or personal and business income tax transcripts for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into the binding contract); because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If for any reason your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. Please write the lender or sender within 30 days of the denial. They will send you a written statement of reasons for the denial of credit within 30 days of receiving your request.

Signature: _____ **Print Name:** _____ **Date:** _____

EQUIPMENT LIST

Note the: quantity, age, manufacturer/name make/model, description of the piece, list the serial number, (you do not have to list the serial numbers now) and note the approximate price you paid for each item.

Applicants E-Mail: (PRINT) _____

NOTE: If you do not have the serial numbers now, you may send in the application, the credit release form, and this EQUIPMENT LIST form without serial numbers, so we can start the approval process for you now... while you look for the serial numbers the following day or two or so. We will need them ASAP, thereafter.

Please **PRINT** and include all the following information, line item by line item:

<u>Quantity:</u>	<u>AGE of Equip.:</u>	<u>Mfg./Name:</u>	<u>Make/Model:</u>	<u>Description:</u>	<u>Serial No.:</u>	(Approx.) <u>Purchase Price \$:</u>
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1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

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14) _____

15) _____

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