

Fax applications to: (800) 843-4317 or Email applications to: applications@financial-svcs.com

APPLICATION

BUSINESS							EQUIPMI	ENT FINA	NCE APPLICATION	
CUSTOMER (EXACT LEGAL NAME)						DBA				
PRIMARY BUSINESS STREET ADDRESS (N		CITY		STATE	ZIP	FEDERAL TAX ID N	O. / EIN (REQUIRED)			
PHONE NO.	ONE NO. CELL NO.		FAX NO.		EMAIL					
BUSINESS DESCRIPTION (DETAIL BUSINESS ACTIVITIES—WHAT DOES YOUR COMPANY DO?)			YEARS IN BUSINESS		YEARS UNDER CU	ER CURRENT OWNERSHIP		PREVIOUS YEAR GROSS ANNUAL SALES (REQUIRED)		
CORP SUB S PARTN	LLC GOV'T/MUNI		<u> </u>	TAX EXEMPT NO. (ATTACH CERTIFICATE		E)				
EQUIPMENT LOCATION STREET ADDRESS (NO P.O. BOXES)				CITY	:ІТҮ		COUNTY		ZIP	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)			CITY					STATE	ZIP	
					Managing Partn	er of Partnership)	with an equity in	terest of 25% or n	nore and each guarantor as well as	
	ny one individual with a significant ability to manage or control t WNER / PARTNER / MEMBER / GUARANTOR			TITLE		SOCIAL SECURITY NO.		% OWNED	DATE OF BIRTH	
HOME STREET ADDRESS	ME STREET ADDRESS			СІТУ		STATE ZIP		HOME PHONE NO		
OWNER / PARTNER / MEMBER / GUARA	OWNER / PARTNER / MEMBER / GUARANTOR			1		SOCIAL SECURITY NO.		% OWNED	DATE OF BIRTH	
HOME STREET ADDRESS			СІТУ			STATE	ZIP	HOME PHONE NO		
BANK AND SECURED	I OANI OP I	EASE DEEED	ENCES uss		and from a district a con-		<u> </u>	<u>.</u>		
BANK / FINANCE COMPANY	LOAN OR L	EASE REFER	CONTACT	addendum if need	ed for additiona	al references.	PHONE NO.		ACCOUNT NO.	
DEALER INFORMATION	\NI								<u> </u>	
EQUIPMENT DESCRIPE EQUIPMENT DESCRIPTION AND YEAR	EQUIPMENT DESIGN			LEAGE		END-OF-TERM OPTION				
SALES PRICE	TAXES	NET TRADE IN		NEW DOWN PAYMENT	OSED	RENTAL CREDIT		DOC FEE	SPO% OTHER TOTAL TO FINANCE	
statement of the specific reasons for of our decision. We will send you a wagainst credit applicants on the basis from any public assistance program; is the Bureau of Consumer Financial in REPORTING AND NEGATIVE INFORMATION.	denial. To obtain t vritten statement of s of race, color, reli or because the app Protection, 1700 G MATION. We may	he statement, pleas of reasons for the di gion, national origin plicant has in good to Street NW., Washin report information	se contact Credit Menial within 30 day 1, sex, marital stat faith exercised any 10gton DC 20006. about your accou	Manager, 475 Sanso ys of receiving your rus, age (provided th y right under the Co unt to credit report	me Street, 19th I request for the s ne applicant has t insumer Credit Pr ing agencies. Lat mental lease of g	Floor, San Francisco, tatement. Notice: Ti the capacity to enter otection Act. The fed e payments, missed oods and not for an	California 94111, (ine federal Equal Crinto a binding corderal agency that a payments, or other y financing for per	300) 266-3255 with edit Opportunity A stract); because all dministers complia er defaults on your sonal property to I	is denied, you have the right to a written in 60 days from the date you are notified ct prohibits creditors from discriminating or part of the applicant's income derives ince with this law concerning the creditor account may be reflected in your credit be used primarily for personal, family, or "your") authorize bank and its affiliates,	
and third parties acting for or on bell reports and other credit information	nalf of bank, and ar from any credit re of our contracts w	ny assignees or tran porting agency or c vith you and as oth	sferees of any crear redit grantor. You erwise required or	dit extended to you authorize us to ho	by bank (collect ld, use, exchange	ively, "we" or "us"), to and disclose inform	to check credit info	ormation, reference us in connection w	es and bank accounts and to obtain credit ith this application or any credit provided on or your credit experience, capacity or	
Bank, Bank affiliates, agents and se	rvice providers to d/or automatic tele	use written, electr ephone dialing syste	onic or verbal me ems. You agree Ba	eans to contact you ank, Bank affiliates,	u. This consent in agents and service	ncludes, but is not li	mited to, contact	by manual calling	er reasons. You also expressly consent to methods, prerecorded or artificial voice lephone number you provide to us at any	
·	om any reporting a	gency in connection	with this applicat	tion, whether or no	t his or her credit	is being relied upon	in connection wit	n this application.	ritten authorization to obtain and review If you request, bank will provide you with	
By signing this application, th application is true, correct an	_		_				nd that the info	ormation provid	ded in connection with this	
APPLICANT/AUTHORIZED REP	RESENTATIVE/G	GUARANTOR SIG	NATURE				TITLE		DATE	