



EQUIPMENT FINANCE APPLICATION

Questions, contact Thomas Strickfaden at 586-850-2548 **Fax Completed and Signed Application to 704-353-7263 or Email tstrickfaden@leasefinancialllc.com**
IMPORTANT INFORMATION: If you are applying for individual lease or for joint lease with another person (including a joint account or an account that you and another person will use) complete all sections providing information about each individual applicant, joint applicant or user. If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. **Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.**

BUSINESS INFORMATION						
Legal Business Name		DBA Name			Tax Identification No.	
Street Address (no P.O. Boxes)			Billing Address (no P.O. Boxes)			
City/County/State/ZIP						
Equipment Location (if different from above): Street Address/City/County/State/ZIP						
Contact		Phone No. ()		Fax No. ()		
Nature of Business		Time in Business	Time as Owner	No. of Employees	Gross Annual Revenue	
Is your business sales tax exempt? If "YES" indicate tax exempt number: <input type="checkbox"/> NO <input type="checkbox"/> YES				E-Mail Address		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individuals applying jointly for business purpose lease <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corp. or Ltd. Liability Co. Date of Org. _____ State of Org. _____ <input type="checkbox"/> Other: _____						

GUARANTOR INFORMATION (ALL 20% OR MORE OWNERS AND OTHER GUARANTORS)						
Principal/Partner/Officer		Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone ()	
Billing Address (if different)		City	State	ZIP	Phone ()	
Principal/Partner/Officer		Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone ()	
Billing Address (if different)		City	State	ZIP	Phone ()	

EQUIPMENT INFORMATION	
Please indicate the equipment you are planning to acquire:	
Equipment Supplier:	Estimated Total Equipment Costs: \$
Structure: <input type="checkbox"/> Equipment Finance Agreement <input type="checkbox"/> Fair Market Value Purchase Option Lease	TERM _____ Months

BANK REFERENCE			
Bank Reference Name		Account/Loan Officer	Phone No. ()
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit		Account No.	Current Balance \$
			Average Balance (6 months) \$

"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes, C.R. Onsrud Finance, (CROF), its Agents or Assigns, to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the Lease is approved, from time to time during the term of the Lease. In addition to the information requested on this application, CROF may subsequently request additional information from Applicant. **IMPORTANT INFORMATION: Except as otherwise prohibited by law, you agree and consent that the affiliates and assigns of CROF may share with each other all information about you that CROF has or may obtain for the purposes, among other things, of evaluating credit applications. Under the Fair Credit Reporting Act there is certain credit information that cannot be shared about you (unless you are a business) if you tell CROF by writing to C.R. Onsrud Finance, 120 Technology Drive, Troutman, NC 28166. Please provide your name, address, social security number and account number(s).** As an authorized agent of the applicant company, you represent that you have reviewed this document and the information herein is true, correct and complete. A photostatic copy of this authorization shall be as valid as the original. **North Carolina Residents Only:** The North Carolina laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The North Carolina Civil Rights Commission administers compliance with this law. **New York Residents Only:** A consumer report may be requested in conjunction with this application. Upon your written request, you will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit for which this application is made. **Vermont Residents Only:** You authorize CROF, its Agents or Assigns, to obtain credit reports about you now and in the future for all legitimate purposes associated with this application or the account including, but not limited to: (a) evaluating this application; and (b) renewing, reviewing, modifying, and taking collection action on the account. **Important Information About Procedures for Opening A New Account:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, and date of birth, business documents, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

COMPANY AND GUARANTOR SIGNATURES (SIGN BOTH PLACES BELOW)		
We/I certify that we/I have read and agree with applicable terms and conditions above.		
Company Authorized Signature	Title	Date
Company Authorized Signature	Title	Date
Guarantor / Owner / Individual Signature	Guarantor / Owner / Individual Signature	