

# EQUIPMENT FINANCING APPLICATION



A DIVISION OF I.F.S.

|   |                          |                       |                   |
|---|--------------------------|-----------------------|-------------------|
| BUSINESS  | Full Company Name:       |                       |                   |
|   | Full Company Address:    |                       | Telephone:        |
|   | City / State / Zip:      | County:               | Fax:              |
|   | Description Of Business: |                       | Federal Tax ID #: |
|   | Contact:                 |                       | Cell Phone:       |
|   | E-mail:                  |                       | State Of Inc.:    |
| Business Structure:<br><input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC |                          | Annual Revenues (\$): |                   |

|           |               |              |                      |             |
|-----------|---------------|--------------|----------------------|-------------|
| OWNERSHIP | Guarantor:    | % Ownership: | Social Security No.: | Home Phone: |
|           | Home Address: | City:        | State:               | Zip:        |
|           | Guarantor:    | % Ownership: | Social Security No.: | Home Phone: |
|           | Home Address: | City:        | State:               | Zip:        |

Are there any suits, judgments or tax liens against the Applicant or any of the above principals, or has the Applicant or any of the above principals ever declared bankruptcy? ☐ Yes ☐ No If yes, explain on a separate page.

|      |               |              |          |        |                  |
|------|---------------|--------------|----------|--------|------------------|
| BANK | Company Bank: | Account No.: | Contact: | Phone: | Current Balance: |
|      |               |              |          |        |                  |

|      |                           |          |              |        |
|------|---------------------------|----------|--------------|--------|
| REF. | Leasing Company/Creditor: | Contact: | Account No.: | Phone: |
|      |                           |          |              |        |

|           |   |   |                  |   |
|-----------|---|---|------------------|---|
| QUESTIONS | In Business Since:  | Current Owner Since:  | Fiscal Year End: | Company Website:  |
|           | Major Customer(s):  |   |                  | % Of Annual Revenues:   |
|           | Sales Tax Exempt?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>If yes, attach exemption certificate.</small> | Physical Location Of Equipment:<br><input type="checkbox"/> If same as company address check here |                  | Inside City Limits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|           |                        |          |                         |
|-----------|------------------------|----------|-------------------------|
| EQUIPMENT | Equipment Vendor:      | Contact: | Phone:                  |
|           | Equipment Description: | Year:    | Make:   Model:   Price: |

|      |               |   |
|------|---------------|---|
| TERM | Down Payment: | Desired Term: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other ____ |
|      |               | Desired Buyout: <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> FMV                               |

|      |  |                     |
|------|--|---------------------|
| SIGN | Applicant hereby authorizes U.S. Financial Companies a division of Industrial Financial Services ("USF"), and its agents (1) to obtain more credit information about Applicant and its principals and/or co-owners and to make inquiries in connection with this Application; (2) to share credit information with USF agents, as well as Applicant's other creditors, bureaus and persons who have, or expect to have, financial dealings with the Applicant or its principals named above; (3) to share collection information with Applicant's other creditors. All the information in this Application is true, complete and correct. The person signing below on behalf of Applicant is authorized to make this application on its behalf and to agree to the foregoing, and also has the authority to act for Applicant's principals and co-owners in instructing USF and its agents to obtain credit reports on them. |                     |
|      | Signature: X _____   | Printed Name: _____ |
|      | Signature: X _____   | Printed Name: _____ |
|      |  |                     |

**PLEASE FAX COMPLETED APPLICATION TO 1-614-777-0001**

**U.S. Financial Companies** • 3001 Bethel Rd. Suite 108 • Columbus, OH 43220  
 Toll Free: 888-595-4422 • Phone: 614-777-0000 • Fax: 614-777-0001