

Applied Electrical

Financing Application

Fax completed application to 209 333-2431 or call 877-702-7652

Equipment/Vendor Information

Equipment Description		Equipment Location	Expected Delivery Date
Equipment Type <input type="checkbox"/> New <input type="checkbox"/> Used	Equipment Cost (excluding tax) \$		Desired Monthly Payment \$
Desired Term <input type="checkbox"/> 5 yrs. <input type="checkbox"/> 10 yrs. <input type="checkbox"/> 15 yrs. <input type="checkbox"/> 20 yrs. <input type="checkbox"/> 25 yrs. <input type="checkbox"/> 30 yrs.	End of Lease Option	<input type="checkbox"/> FMV <input type="checkbox"/> 10% Option <input type="checkbox"/> 10% PUT <input type="checkbox"/> \$1 Buy Out	
Vendor Name	Contact Person	Phone	
Address		City/State/Zip	

Equipment Cost

Application Requirements

Up to \$100,000	Completed Application
\$100,001 and up	Completed Application Previous 3 (three) fiscal year-end audited financial statements or tax returns and interim financial statements

Customer Information

Business Legal Name		Sales Tax Exempt <i>If "yes" exemption certificate must be attached</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fed Tax ID		DBA (if any)	
Street Address		City	
Mailing Address		State	ZIP Code
Contact Name		Title	
Phone	Fax	Date Business Started	Date Business Incorporated
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other: _____			
Business Checking Account #		Business Loan Type(s), Account #(s)	
Bank Name		Bank Contact	
Phone		Account Number	

Principal Information

	(1)	(2)
Principal Name(s) and Title(s)		
Home Address		
City/State/Zip		
% of Ownership		
Social Security Number		
Principal Signature(s)	Signature _____ Date _____	Signature _____ Date _____

Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing as principal authorizes lender or any other lending sources to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

ECOA Notice (to be retained by applicant[s])

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of 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 our compliance with this law is the OCC, Customer Assistance Group, 1301 McKinney St. Ste. 3710, Houston, TX 77010

For bank use only Banker Name _____ Phone # _____ Branch # _____
Banker ID _____ Fax # _____