

CUSTOMER INFORMATION	Legal Business Name			DBA Name (if any)		Tax Identification #	
	Billing Address					Business Structure	
	City		County		State		Zip Code
	Equipment Location (if different from above)					<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC	
	Contact			Phone Number		Fax Number	
	Date Business Started	Years Under Current Management		# of Employees	Annual Sales		E-Mail Address
	Bank Name			Account/Loan Officer			Phone No.

REQUEST INFORMATION	Equipment Description		Make	Model		New/Used	Cost
Other Costs:							
Estimated Acquisition Time:		<input type="checkbox"/> Immediate	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 90 Days	Estimated Total Financed Cost: \$	
Term (in Months)				End of Lease Option			
<input type="checkbox"/> 12	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60	<input type="checkbox"/> FMV	<input type="checkbox"/> 10%	<input type="checkbox"/> \$1 Out

PRINCIPAL INFORMATION	Principal / Partner / Officer / Owner Name		Title		Date of Birth		% of Ownership	Social Security Number
	Home Address		City		State		Zip Code	Home Phone
	Principal / Partner / Officer / Owner Name		Title		Date of Birth		% of Ownership	Social Security Number
	Home Address		City		State		Zip Code	Home Phone

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("Bank"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Bank may obtain credit reports, including consumer credit reports, in connection with the Application, at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Bank may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Bank's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Bank may get or share credit information with its agents, assignees, and its designees, regarding the Applicant, Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Bank may share with affiliates and others all information about Applicant that Bank has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Bank believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT BANK'S ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. BANK WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER BANK HAS RECEIVED APPLICANT'S REQUEST.

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 COMPLIANCE WITH THIS LAW CONCERNING BANK IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580

APPLICANT HEREBY AUTHORIZES BANK OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY BANK TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.

SIGNATURE _____ TITLE _____ DATE _____
SIGNATURE _____ TITLE _____ DATE _____

FOR LESSOR USE ONLY	Bank Officer Name		Banker ID			
	Phone	Email			Branch #	
	Nature of Business Relationship: (Check appropriate box) <input type="checkbox"/> Prospect <input type="checkbox"/> Deposit <input type="checkbox"/> Deposit & Lending					

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