

Phone 1-800-552-1955 Fax 1-888-925-7828

Dealer Name Sales Person Contact #

<p>Primary Applicant</p> <p>Business or Legal Name <input type="text"/></p> <p>Entity Type <input type="checkbox"/> Ind./ Prop <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Trust</p> <p>Date of Birth (Ind.) <input type="text"/> SSN/TIN <input type="text"/></p> <p>Marital Status (Ind.) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated</p> <p>Physical Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip <input type="text"/> County <input type="text"/></p> <p>Mailing Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip <input type="text"/></p> <p>Applicant Main Contact <input type="text"/> Phone <input type="text"/> Cell <input type="text"/> Fax <input type="text"/></p> <p>If Contractor: <input type="checkbox"/> Logging <input type="checkbox"/> Building <input type="checkbox"/> Sand & Gravel <input type="checkbox"/> Dozing/Excavating <input type="checkbox"/> Plumbing & Sewer <input type="checkbox"/> Other</p>	<p>Co-Applicant</p> <p>Business or Legal Name <input type="text"/></p> <p>Entity Type <input type="checkbox"/> Ind./ Prop <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Trust</p> <p>Date of Birth (Ind.) <input type="text"/> SSN/TIN <input type="text"/></p> <p>Marital Status (Ind.) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated</p> <p>Physical Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip <input type="text"/> County <input type="text"/></p> <p>Mailing Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip <input type="text"/></p>
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Names of Partners, Shareholders or Members (If not Ind.)

Name	Address, City, State	Title	% Owned	SSN	D.O.B.
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

State of Incorporation or Organization

General Income

	Last Year	Est. This Year		Last Year	Est. This Year	
Gross Business Income	<input type="text"/>	<input type="text"/>	Net Business Income	<input type="text"/>	<input type="text"/>	Years in Bus <input type="text"/>
Other Income	<input type="text"/>		Employer Name/ Income Source	<input type="text"/>		Position <input type="text"/>
Years Employed	<input type="text"/>		Annual Income \$	<input type="text"/>		Phone # <input type="text"/>

Complete if Request is < \$100,000. If over \$100,000 please complete the Balance Sheet on the second page.

Total Assets \$ <input type="text"/>	Total Liabilities \$ <input type="text"/>	Statement Date <input type="text"/>
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Credit References

	Reference Name	Contact	Phone #	City	State
Bank / Primary Lender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Real Estate Lender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment Finance Co	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check Yes or No

Are there any unsatisfied judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you <u>or</u> have you had any contracts with us? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever declared bankruptcy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any assets held in trust?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a defendant in any pending lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you guaranteed debt for others? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently past due or delinquent on any debt?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

Complete Applicant Name(s) and Date Below

For the purposes of obtaining credit, I (we) certify to First National Equipment Financing (collectively referred to as "FNEF") that all information in this statement is true and correct and accurately describes my (our) financial condition as of date shown, and that there has been no material changes since then. I (we) grant permission to FNEF to verify all information in this statement and to provide any information requested by my (our) other creditors. I also grant FNEF permission to obtain a credit report on me in connection with this transaction for all legitimate purposes. Such purposes include assisting in making a credit decision, reviewing my account, and assisting in taking collection activity. I (we) also grant permission to those creditors to provide all information requested by FNEF. I (we) also authorize FNEF to share all the foregoing information with its affiliates and I (we) release and waive all claims against FNEF and my (our) other creditors for all acts or omissions which occur in verifying the above information. I/We hereby authorize FNEF and its employees, assignees, transferees, and agents to pre-file Uniform Commercial Code (UCC) financing statements related to the equipment covered by this application, with such additions and modifications as may be necessary. **I (we) agree that in the event FNEF does not approve this application for credit, FNEF is authorized to release to, share and exchange all application information obtained to another lender, manufacturer, program sponsor, broker or dealer who may sell or lease any of the equipment covered by this application and their decision whether or not to extend credit. These entities are non-affiliated third parties and are not owned or managed by FNEF. I (we) waive our rights to confidentiality that may exist with respect to the release, sharing or exchange of information with non-affiliated third parties.**

Primary Applicant: <input type="text"/>	Date <input type="text"/>	I intend to apply for joint credit <input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Applicant: <input type="text"/>	Date <input type="text"/>	I intend to apply for joint credit <input type="checkbox"/> Yes <input type="checkbox"/> No

