

**Leasource Financial Services, Inc.**

1000 River Rock Drive, Suite 218  
Folsom, CA 95630  
800-991-0099 / 800-988-3931

**BUSINESS INFORMATION**

**EQUIPMENT FINANCE APPLICATION**

|  |          |         |                   |                                     |   |       |                                     |
|--|----------|---------|-------------------|-------------------------------------|---|-------|-------------------------------------|
| CUSTOMER (EXACT LEGAL NAME)  |          |         |                   | DBA                                 |   |       |                                     |
| PRIMARY BUSINESS STREET ADDRESS (NO P.O. BOXES)  |          |         |                   | CITY                                | STATE   | ZIP   | FEDERAL TAX ID NO. / EIN (REQUIRED) |
| PHONE NO.  | CELL NO. | FAX NO. |                   | EMAIL                               |   |       |                                     |
| BUSINESS DESCRIPTION (DETAIL BUSINESS ACTIVITIES—WHAT DOES YOUR COMPANY DO?)   |          |         | YEARS IN BUSINESS | YEARS UNDER CURRENT OWNERSHIP       | PREVIOUS YEAR GROSS ANNUAL SALES (REQUIRED)<br>\$ |       |                                     |
| <input type="checkbox"/> CORP <input type="checkbox"/> SUB S <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> GOV'T/MUNI |          |         |                   | TAX EXEMPT NO. (ATTACH CERTIFICATE) |   |       |                                     |
| EQUIPMENT LOCATION STREET ADDRESS (NO P.O. BOXES)  |          |         |                   | CITY                                | COUNTY  | STATE | ZIP                                 |
| BILLING ADDRESS (IF DIFFERENT THAN ABOVE)  |          |         |                   | CITY                                |   | STATE | ZIP                                 |

**OWNERSHIP INFORMATION** required for each owner (Sole Proprietor or Managing Partner of Partnership) with an equity interest of 25% or more and each guarantor as well as any one individual with a significant ability to manage or control the entity. Use addendum if needed.

|                                      |       |                     |         |                |
|--------------------------------------|-------|---------------------|---------|----------------|
| OWNER / PARTNER / MEMBER / GUARANTOR | TITLE | SOCIAL SECURITY NO. | % OWNED | DATE OF BIRTH  |
| HOME STREET ADDRESS                  | CITY  | STATE               | ZIP     | HOME PHONE NO. |
| OWNER / PARTNER / MEMBER / GUARANTOR | TITLE | SOCIAL SECURITY NO. | % OWNED | DATE OF BIRTH  |
| HOME STREET ADDRESS                  | CITY  | STATE               | ZIP     | HOME PHONE NO. |

**BANK AND SECURED LOAN OR LEASE REFERENCES** Use addendum if needed for additional references.

|                        |         |           |             |
|------------------------|---------|-----------|-------------|
| BANK / FINANCE COMPANY | CONTACT | PHONE NO. | ACCOUNT NO. |
| BANK / FINANCE COMPANY | CONTACT | PHONE NO. | ACCOUNT NO. |

**VENDOR INFORMATION**

|             |         |               |
|-------------|---------|---------------|
| VENDOR NAME | CONTACT | TELEPHONE NO. |
|-------------|---------|---------------|

**EQUIPMENT DESCRIPTION / TERMS OF SALE** If available, provide Sales Order with equipment list and pricing details as addendum.

|                       |   |              |      |   |
|-----------------------|---|--------------|------|---|
| EQUIPMENT DESCRIPTION | EQUIPMENT DESIGNATION<br><input type="checkbox"/> NEW <input type="checkbox"/> USED | YEAR IF USED | TERM | END-OF-TERM OPTION<br><input type="checkbox"/> \$1 <input type="checkbox"/> ____% <input type="checkbox"/> FMV <input type="checkbox"/> OTHER _____ |
|-----------------------|---|--------------|------|---|

**ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT).** If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Leasource Financial Services Inc., within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving 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 compliance with this law concerning the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

**REPORTING AND NEGATIVE INFORMATION.** We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**REPRESENTATIONS, AUTHORIZATIONS, AND AGREEMENTS.** This application is for the commercial or governmental lease of goods and not for any financing for personal property to be used primarily for personal, family, or household purposes and the applicant agrees that consumer credit laws shall not apply. The applicant and each owner signing this application, and each guarantor (collectively, "you" or "your") authorize bank and its affiliates, and third parties acting for or on behalf of bank, and any assignees or transferees of any credit extended to you by bank (collectively, "we" or "us"), to check credit information, references and bank accounts and to obtain credit reports and other credit information from any credit reporting agency or credit grantor. You authorize us to hold, use, exchange and disclose information obtained by us in connection with this application or any credit provided to you by us and the administration of our contracts with you and as otherwise required or permitted by law, including without limitation any of the foregoing regarding this application or your credit experience, capacity or standing, and any credit reports, financial statements and organizational documents.

**TCPA NOTICE:** You agree that Bank, Bank affiliates, agents and service providers may monitor and record telephone calls regarding your account to assure the quality of service or for other reasons. You also expressly consent to Bank, Bank affiliates, agents and service providers to use written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic telephone dialing systems. You agree Bank, Bank affiliates, agents and service providers may do so using any e-mail address or any telephone number you provide to us at any time, including a number for a cellular phone or other wireless device, regardless of whether charges are incurred as a result.

**INDIVIDUAL AUTHORIZATION:** By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides bank written authorization to obtain and review his/her personal consumer report from any reporting agency in connection with this application, whether or not his or her credit is being relied upon in connection with this application. If you request, bank will provide you with the name and address of the person to whom the request for any consumer report was made. You are entitled to receive certain information from that reporting agency upon request.

**By signing this application, the undersigned confirms that the undersigned has read and understands this application and that the information provided in connection with this application is true, correct and complete, and authorizes bank to rely on and use it to evaluate this application.**

|  |       |      |
|--|-------|------|
| APPLICANT/AUTHORIZED REPRESENTATIVE SIGNATURE/GURANTOR | TITLE | DATE |
|--|-------|------|