

CORPORATE OFFICE 10370 Slusher Drive, Suite 10

Santa Fe Springs, CA 90670 Phone: (877) 949-4771, x-2516 Fax: (877) 942-2657 Visit our web site: <u>www.mfslease.com</u>

MANUFACTURERS FINANCING SERVICES **CREDIT APPLICATION**

| Company Name Billing Address | | Organized | as: Sole Proprieto | orship (<u>Copy of Drivers</u>) | License Required | |
|--|---|-------------------------|--|-----------------------------------|------------------|--|
| | te Zip | | Standard Cor | oration | | |
| County | LE Zip | | Sub Chapter S | | | |
| Contact Person | | _ | | lity Corporation (<u>Copy</u> | of Autiolog | |
| | | _ | | | | |
| | | _ | | and LLC Agreement Re | | |
| | | If Corpora | If Corporation, when does fiscal year end? Name of Corporate Secretary: | | | |
| E-Mail Address | | | | | | |
| Equipment Address same as Billing A | ddress above? Yes I | No If different from | above, please provide: | | | |
| OWNER INFORMATION: (If r | nore than two owners, p | lease submit the a | dditional owner inforr | nation on a blank pie | ce of paper) | |
| NT. | | NT | | • | | |
| Home Address | | Home Add | lragg | | | |
| | | | | | | |
| SSN: | DOB: | SSN: | | DOB: | _ | |
| Title | | | % of Ownership: | | | |
| | | | | | | |
| BANK AND EQUIPMENT LEN | | | | | 3.6 .11 | |
| N 6D 1/N 6X 1 | Checking | Loan | DI 17 1 | G | Monthly | |
| Name of Bank / Name of Lender | Account# | Account# | Phone Number | Contact Person | Payment | |
| | | | | | <u> </u> | |
| | | | | | _ | |
| | | | | | | |
| TRADE REFERENCES: (Mater | rial Sunnliers, Tooling S | unnliers, etc.) | | | | |
| Name of Reference Account | | | | Person to Contact | | |
| | | | | | | |
| | | | | | | |
| | | ' | | • | | |
| CUSTOMER REFERENCES: | | | | | | |
| Name of Reference Phone Number | | r F | Person to Contact | Customer for How Many Years? | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Landlord's Name, Address, Phone | | | | | | |
| Commercial Insurance Agent's Na | me, Address, Phone#:(Equ | uipment financed must b | pe insured during the term of t | he lease/loan) | | |
| YY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 9 | | E 1 1 E ID# | | | |
| How long have you been in busine | Federal Tax ID#: Backlog of Orders Currently In-house (in dollar value): | | | | | |
| Annual Sales: | Backlog of Or | ders Currently In-n | iouse (in dollar value): | | | |
| By my signature below, I hereby author ("MFS") and its Agents/Assigns or its | s designee (and any assignee | or potential assigned | e thereof). MFS and I cert | ify that each individual n | amed on this | |
| application has authorized MFS to r | | | | | | |
| application in its entirety, including authorizations and certifications shall | | | | | 'S, and such | |
| | | | | | | |
| Date: | Signed By: | | Titl | e: | | |
| Date: | Signed By: | | Titl | e: | | |