CREDIT APPLICATION

E-mail credit application to: TSSapplications@leasedirect.com · FAX: 866-287-1176

COMPANY INFORMATION

Applicant Company Name

TYPE OF BUSINESS: Proprietorship Partnership Corporation LLC

Applicant Company Address

Tax Payer ID Number

City State Zip

State of Incorporation

Primary Contact Name

Phone Number

Date Incorporated

Nature of Business

Years in Business

Number of Employees

Principal

Social Security Number

Home Address

Date of Birth

BANK AND CREDIT INFORMATION

Bank Reference

Account Officer

Checking Acct. No.

Other Acct. No. (Type)

Address City State Zip Code

Phone Number

Secured Credit References

Contact Person

Phone Number

Secured Credit References

Contact Person

Phone Number

Secured Credit References

Contact Person

Phone Number

TRANSACTION INFORMATION

Make	Model	New/Used	Serial Number	Term in Months

Attachment(s) Descriptions

Trade-in(s) Description

SALE PRICE _____

ATTACHMENTS _____

ATTACHMENTS _____

NET TRADE-IN (_____)

DOWN PAYMENT (_____)

FEES, ETC. _____

INSURANCE _____

TOTAL AMOUNT TO FINANCE _____

USAGE / APPLICATION

Normal/Clean Freezer/Cooler Foundry Hazardous Waste Recycling Metal/Paper Moderately Abusive

Paper/Textile Mill Corrosive Other (Describe) _____

Hours Operated Annually

Transaction Type: Retail Installment Equipment Lease Used Equipment

If Equipment Lease: Stated Purchase Option $ _____ / _____ % or FMV _____

SALES TAX METHOD

Upfront $ _____ Financed $ _____ Monthly Sales tax rate (monthly) _____ % Exempt (attach certificate)

Number of Advanced Payments

Add Maintenance to monthly payment? No Yes Amount $ _____

Insurance Company

Agent

Address City State Zip Code

Phone Number

DISTRIBUTOR INFORMATION

Distributor Name Jim Goodall Equipment

Representative Jim Goodall

Location 16327 Old US 41 Suite 3 City Fort Myers State FL Zip Code 33912 Phone Number 239-254-4425

You, the "Applicant" (which term includes the business entity as well as the undersigned individuals(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 ("Lessor"), 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. Lessor may obtain credit reports, including consumer credit reports, in connection with the Application and, 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, Lessor may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Lessor'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 Lessor 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 Lessor may share with affiliates and others all information about Applicant that Lessor has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Lessor 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 LESSOR'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. LESSOR WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER LESSOR 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 AGENCIES THAT ADMINISTER COMPLIANCE WITH THIS LAW CONCERNING THE LESSOR ARE THE BUREAU OF CONSUMER FINANCIAL PROTECTION, 1700 G STREET NW., WASHINGTON D.C. 20006 AND THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON D.C. 20580.
APPLICANT HEREBY AUTHORIZES LESSOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR 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.

X _____ TITLE _____ DATE _____
(SIGNATURE OF APPLICANT'S REPRESENTATIVE)

X _____ DATE _____
(SIGNATURE OF PRINCIPAL)

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