



EQUIPMENT FINANCE

BUSINESS CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Form with fields: Company's Legal Business Name, Federal Tax ID Number, Main Phone | Fax, Date business commenced, Contact Name | Title, Contact phone, Contact E-mail, Registered company address, City, State ZIP Code, Sole proprietorship, Partnership, Corporation, Other, Business Description.

BUSINESS AND CREDIT INFORMATION

Form with fields: CPA or Auditor, Bank name, CPA phone | E-mail, Bank address/Branch, City, State ZIP Code, Owner name(s), Phone, Owner Social Security number(s), Account number, Percentage of co. ownership, Bank Contact.

BUSINESS/TRADE REFERENCES

Form with two identical sets of fields: Trade name, Address, City, State ZIP Code, Account Number, Phone, Fax, E-mail, Contact Name.

EQUIPMENT REQUEST

Form with fields: Equipment Cost, New or Used, Equipment Description, Equipment Vendor/ Supplier, Contact Name, Where will equipment be located?, Vendor Phone Number, Quote or Invoice number, Vendor E-mail, Invoice Due Date.

AGREEMENT

I/We certify that the above information is true and correct and I/We authorize any bank, financial institution, or trade reference to release any information as may be requested by TCS Equipment Finance, LLC and/or its assigns. I/We also hereby authorize TCS Equipment Finance, LLC and/or its assigns to obtain other background or credit information and relate this information to others as necessary.

TRUE AND CORRECT SIGNATURE/eSIGNATURE STATEMENT

For the purpose of obtaining financing with TCS Equipment Finance, LLC, and otherwise procuring credit from time to time, I have honestly and willfully furnished you with the information on the TCS Equipment Finance website. I agree to and will notify you immediately in writing of any materially unfavorable change in any financial condition that may have an effect on our ability to finance, and in the absence of such notice, or of a new and full written statement, this may be considered as a continuing statement and substantially correct; and it is hereby expressly agreed that upon application for further credit, this statement shall have the same force and effect as if delivered as an original statement of financial condition at the time such further credit is requested.

AS THE SUBMITTER OF THIS APPLICATION, I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT REPRESENTATION OF THE ABOVE-MENTIONED INDIVIDUAL, FIRM OR CORPORATION NOW ON FILE WITH TCS EQUIPMENT FINANCE, LLC, AND THAT TO THE BEST OF MY KNOWELDGE AND BELIEF, THIS STATEMENT REFLECTS THE TRUE CONDITION OF THE BORROWER.

SIGNATURES

Form with columns: Signature, Name/ Title, Date.

PERSONAL CREDIT APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
APPLICANT EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
CO-APPLICANT EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:



EQUIPMENT FINANCE

PERSONAL CREDIT APPLICATION

Co-Applicant Previous employer:

Address:

Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly Salary (Please circle)	Annual income:
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PATRIOT ACT COMPLIANCE INFORMATION

Applicant's Driver's License Number: _____ (Please enclose a copy)

Issuing State: _____ Expiration Date: _____

Co-applicant's Driver's License Number: _____ (Please enclose a copy)

Issuing State: _____ Expiration Date: _____

ASSETS

Description	Value	Description	Value

TOTAL ASSET VALUES:

LIABILITIES

Description	Balance	Lender	Payment Amount

TOTAL BALANCES:

TOTAL PAYMENT AMOUNTS:

I authorize TCS Equipment Finance, LLC and its assigns to verify the information provided on this form as it pertains to application for credit. I also understand that my personal credit report may be pulled for verification purposes.

Signature of applicant:	Date:
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Signature of co-applicant, if for joint account:	Date:
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