

BUSINESS INFORMATION						
Legal Company Name			DBA (if	DBA (if any)		
Business Structure: ☐ Corp. [□ Partnership □ Propr	ietor □ LLC Industry		No. of Employees:		
Address			City	State Zip		
Equipment Location (if differen	t)					
Company Phone	Fa	nx	Years in Business	Years Under Current Management		
State of Organization / Incorpo	ration	Federal ID #	We	bsite		
Contact Person		Phone	E	Email		
Revenue (prior fiscal year)	□ <\$500,000 □	500,000 - \$1,000,000	□ \$1,000,000-\$5,000,000	□ >\$5,000,000		
EQUIPMENT INFORMATION						
Dealer	Sal	es Rep	Requested Term: 24, 36	i, 48, 60 Months (Circle One) Other		
Equipment		Cost \$	New	Used / Approximate age of equipment:		
PRINCIPAL INFORMATION						
Name		Title	%	Owned Phone #		
Home Address				Social Security #		
Name		Title	%	6 Owned Phone #		
Home Address			S	ocial Security #		
	o be completed for each	ch owner of 20% or mo	e. If there are additional ov	wners, please list on Page 2.		
BANK INFORMATION						
				Officer		
	Account	#		Type of Account		
TRADE REFERENCES						
				Contact		
				Contact		
Landlord			Phone #	Contact		
or it designee (and any assign obtaining bank & trade informat or collecting the resulting accounts.)	enowledges that the above ree or potential assignee the tion for considering this appunt. A copy of this authorize communications sent by or communications sent by or communications.	ereof) authorizing review of lication and subsequently for ation shall be valid as the ori on behalf of Commercial Indu	his/her personal credit profile fro the purposes of update, renewal ginal. I understand that by provid strial Finance, Inc. By signature I	oose application for credit to Commercial Industrial Finance, Inc m a national credit bureau. Such authorization shall extend to or extension of such credit or additional credit and for reviewing ding our company's phone, fax or email information, I consent to below, I affirm the identity of the respective individual/s identified		
AUTHORIZED SIGNATURE: X			Тітге:	Date:		

BUSINESS APPLICATION

Jason Courter
Inside Sales Representative
800.995.6604 ext. 114
Send completed application to jcourter@cifinance.com
or
314.842.7880 (fax)



ADDITIONAL PRINCIPAL/GUARANTOR INFORMATION

To be completed for each owner of 20% or more of Company

Name	Title	% Owned	_ Phone #
Home Address		Social Security #	-
Name	Title	% Owned	_ Phone #
Home Address		Social Security #	
Name	Title	% Owned	_ Phone #
Home Address		Social Security #	<u> </u>

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person presented on this application. We may also ask for copies of drivers' licenses, tax IDs, or other identifying documents. By providing us with any telephone numbers for cellular phones or other wireless devices, you are expressly consenting to receiving any communications at those numbers - including but not limited to prerecorded or artificial voice message calls, text messages and calls made by an automatic telephone dialing system - from CIF, Inc. and its affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose.

ECOA Notice

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for that denial within 30 days of 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 our compliance with this law is the Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.