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CREDIT APPLICATION

| BUSINESS INFORMATION | | | | |
|--|----------------|------------------|-----------------------|-----------------|
| BUSINESS LEGAL NAME AND DBA IF APPLICABLE | | | FEDERAL I.D. NO. | |
| CONTACT NAME | BUSINESS PHONE | EMAIL | LEASE OR OWN LOCATION | |
| BUSINESS ADDRESS | CITY | STATE / ZIP CODE | STATE OF INCORP. | YEAR OF INCORP. |
| EQUIPMENT LOCATION IF DIFFERENT FROM ABOVE | | | YEARS IN BUSINESS | YEARS OWNED |
| OTHER LOCATIONS | | | | |

| PRINCIPAL/OWNERSHIP INFORMATION | | | | |
|---------------------------------|---------------------|---------------------------|--------------------------|------------|
| (1) OWNER/OFFICER/PARTNER | SOCIAL SECURITY NO. | BIRTHDATE | EMAIL | CELL PHONE |
| TITLE | % OWNERSHIP | BUSINESS EXPERIENCE YEARS | BUSINESS OWNERSHIP YEARS | |
| HOME ADDRESS | | CITY | STATE / ZIP CODE | |
| (2) OWNER/OFFICER/PARTNER | SOCIAL SECURITY NO. | BIRTHDATE | EMAIL | CELL PHONE |
| TITLE | % OWNERSHIP | BUSINESS EXPERIENCE YEARS | BUSINESS OWNERSHIP YEARS | |
| HOME ADDRESS | | CITY | STATE / ZIP CODE | |

| CREDIT INFORMATION | | |
|--------------------|----------------------|----------|
| BANK NAME | CHECKING ACCOUNT NO. | LOAN NO. |
| BRANCH ADDRESS | CONTACT | PHONE |

| CURRENT LEASE REQUEST | | | |
|-----------------------|-------------------------|-----------------------|-------------------------|
| VENDOR(S) | | EQUIPMENT DESCRIPTION | |
| CONTACT NAME & NUMBER | TOTAL CREDIT REQUEST \$ | TOTAL SOFT COSTS \$ | TOTAL EQUIPMENT COST \$ |

I hereby authorize Affiliates Capital, its affiliates, assignees, or any lending source to whom this application is submitted to review or obtain my business and/or personal credit information from any source including credit bureau reporting agencies and my bank for the purpose of extending credit. Additionally I hereby authorize Affiliates Capital, its affiliates, assignees, or any lending source to whom this application is submitted to request, obtain, and review bank, financial, or other information from past, present, or potential creditors. I hereby represent all information is true, correct, and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original.

APPLICANT NAME: _____ SIGNATURE: _____ DATE: _____

APPLICANT NAME: _____ SIGNATURE: _____ DATE: _____

ECOA NOTICE (TO BE RETAINED BY APPLICANT)

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 the denial. To obtain that statement, please contact us within 60 days from the date you are notified of our denial decision. We will send you a written statement of the reasons for the 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 an 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 Trade Commission, Equal Credit Opportunity, Washington, DC 20580.