

## Equipment Finance LLC Credit Application

Full Legal Name	Line of Business	Federal Tax ID No.:
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DBA
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Billing Address	Number and Street	City	County	State	Zip
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Contact Name and Title	Contact Phone No.	Fax Number:
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Equipment Location	Number and Street	City	County	State	Zip
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**Exempt from State Sales/Use Tax:**  Yes  No (If yes, attach exemption certificate made out to Equilease Financial Services, Inc.)

**Business Started:** \_\_\_\_\_ **Current Ownership Since:** \_\_\_\_\_ **Years of Industry Experience** \_\_\_\_\_  
**Corporate Year End:** \_\_\_\_\_ **State of Organization:** \_\_\_\_\_

**Legal Entity:**  C-Corporation  Partnership  Subchapter S  Proprietorship  Non-Profit  Limited Liability Corporation

Primary Bank	Depository Acct#	Date Opened:
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Phone No.:	Contact Name:	Loan Account No(s).:
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Principal/Guarantor/Owner 1	Home Address:	Social Security No.:
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Net Worth:	Annual Net Income:	Monthly House Payment:
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Principal/Guarantor/Owner 2	Home Address:	Social Security No.:
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Net Worth:	Annual Net Income:	Monthly House Payment:
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Equipment Finance Reference	Account #	Contact Name:	Phone No.:
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Equipment Finance Reference	Account #	Contact Name:	Phone No.:
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Insurance Company Name	Agent Name:	Phone No.:
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Bonding Company Name	Agent Name:	Phone No.:
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Reason For Equipment Acquisition:	Total Equipment Cost: \$
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**PLEASE ATTACH DETAILS OF EQUIPMENT PURCHASE INCLUDING CONFIGURATION, DOWN PAYMENT, AND TRADE-IN. IF CREDIT REQUEST EXCEEDS \$250,000 INCLUDE 3 YEARS FINANCIAL STATEMENTS ALONG WITH COMPARATIVE INTERIM STATEMENTS.**

Applicant hereby authorizes North Mill Equipment Finance LLC (North Mill) and its agents: (1) to obtain additional credit information about the company and its principals from banks, credit bureaus, and other creditors, and to make inquiries in connection with this application, all of which are authorized to release such information concerning the applicant and/or the principal(s) as requested as part of a credit investigation, (2) to share credit information with NORTH MILL affiliates and agents, and (3) that all the information in this application is true, complete and correct. The person(s) signing below on behalf of applicant are authorized to make this application on its behalf and to agree to the foregoing. A photostatic copy of this authorization shall be as valid as the original.

Signature: _____	Title: _____	Date: _____
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Signature: _____	Title: _____	Date: _____
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North Mill is hereby requested and authorized to draw payment periodically under a pre-arranged payment plan, such payments to be charged against the account of the undersigned as shown below to cover payments due in accordance with the terms and conditions of the agreement between North Mill and the undersigned.

**Authority for Pre-arranged Payment to Manager of the Bank or Financial Institution (OPTIONAL):**  
 You are hereby authorized to pay from, and debit, to the account of the undersigned all payments to be drawn on the undersigned's behalf payable to North Mill Equipment Finance LLC presented to you for payment. Such payment may be in the form of computer-produced paper or electronic entry, in which case you are authorized to treat them as if they were signed by the undersigned. The undersigned understands that making the payment is his/her responsibility. If the payment is not made using the plan due to temporary suspension of service or cancellation or because of insufficient funds are in its account or the account is closed, the undersigned is required to make the payment manually on time. If this is not done, late charges as defined in the agreement will apply.

Bank or Financial Institution: _____	ABA Routing Number: _____
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Bank Account Number: _____	Signature: _____	Date: _____
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