



# TCF EQUIPMENT FINANCE CREDIT APPLICATION

Call 800/ 442-7811 or Fax to 800/ 844-3577

Attn: \_\_\_\_\_

|                             |  |  |                         |       |                       |        |
|-----------------------------|--|--|-------------------------|-------|-----------------------|--------|
| <b>Customer Information</b> | Company Name OR Individual Last, First and Middle Name, Suffix |  |                         |       | DBA                   |        |
|                             | Company Address  |  | City                    | State | Zip                   | County |
|                             | Contact Name   |  | Business Telephone #    |       | Business Fax #        |        |
|                             | Contact E-mail   |  | State Organization ID # |       | Federal Tax ID Number |        |

|                        |  |                  |  |  |  |  |
|------------------------|--|------------------|--|--|--|--|
| <b>Business Type</b>   | <input type="checkbox"/> Sole Proprietorship |                  | <input type="checkbox"/> Limited Liability Company |  | <input type="checkbox"/> Limited Partnership |  |
|                        | <input type="checkbox"/> S Corporation       |                  | <input type="checkbox"/> General Partnership       |  | <input type="checkbox"/> C Corporation       |  |
| State of Incorporation |  | Date Established | Yrs in Business (Present Ownership)                |  | Nature of Business                           |  |

|   |  |  |              |      |                     |                            |            |
|---|--|--|--------------|------|---------------------|----------------------------|------------|
| <b>Equipment and Vendor Information</b><br>(Attach separate sheet if necessary) | Equipment Group Installation Address (If different from above) |  |              | City | State               | Zip                        |            |
|   | Qty  | Manufacturer/Model/Description/Serial Number |              |      | Delivery Date       | Equipment Cost             | Total Cost |
|   | 1. Vendor Name   |  | Contact Name |      | Contact Telephone # | Fax #                      |            |
|   | Vendor Address, City, State, Zip                               |  |              |      |                     | E-Mail Address             |            |
|   | Qty  | Manufacturer/Model/Description/Serial Number |              |      | Delivery Date       | Equipment Cost             | Total Cost |
|   | 2. Vendor Name   |  | Contact Name |      | Contact Telephone # | Fax #                      |            |
|   | Vendor Address, City, State, Zip                               |  |              |      |                     | E-Mail Address             |            |
|   |  |  |              |      |                     | Total Amount Financed = \$ |            |

|                     |                             |                             |                             |                             |                              |                                  |                                  |   |
|---------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|----------------------------------|----------------------------------|---|
| <b>Payment Plan</b> | Lease Term (months)         |                             |                             |                             | Lease Structure              |                                  |                                  |   |
|                     | <input type="checkbox"/> 24 | <input type="checkbox"/> 36 | <input type="checkbox"/> 48 | <input type="checkbox"/> 60 | <input type="checkbox"/> FMV | <input type="checkbox"/> 10% PUT | <input type="checkbox"/> \$1 OUT | <input type="checkbox"/> Fixed Purchase |

|   |                    |  |      |                          |              |                                   |  |
|---|--------------------|--|------|--------------------------|--------------|-----------------------------------|--|
| <b>Bank References</b><br><br><b>2 Year History</b> | 1. Bank Name       |  | City | State                    | Contact Name |                                   |  |
|   | Lease/Loan Acct. # |  |      | Lease/Loan Original Date |              | Lease/Loan Original Term (months) |  |
|   | Checking Acct. #   |  |      | Telephone #              |              | Fax #                             |  |
|   | 2. Bank Name       |  | City | State                    | Contact Name |                                   |  |
|   | Lease/Loan Acct. # |  |      | Lease/Loan Original Date |              | Lease/Loan Original Term (months) |  |
|   | Checking Acct. #   |  |      | Telephone #              |              | Fax #                             |  |

|  |                  |       |        |  |                   |               |              |
|--|------------------|-------|--------|--|-------------------|---------------|--------------|
| <b>Owners, Partners and Guarantors</b><br>(Attach separate sheet if necessary) | 1. Name          |       | Title  |  |                   | % Ownership   | Owner Since: |
|  | Home Address     |       |        |  | City, State, Zip  |               |              |
|  | Home Telephone # | Fax # | E-mail |  | Social Security # | Date of Birth |              |
|  | 2. Name          |       | Title  |  |                   | % Ownership   | Owner Since: |
|  | Home Address     |       |        |  | City, State, Zip  |               |              |
|  | Home Telephone # | Fax # | E-mail |  | Social Security # | Date of Birth |              |
|  | 3. Name          |       | Title  |  |                   | % Ownership   | Owner Since: |
|  | Home Address     |       |        |  | City, State, Zip  |               |              |
|  | Home Telephone # | Fax # | E-mail |  | Social Security # | Date of Birth |              |

By submitting this Application, you grant consent to and authorize TCF Equipment Finance, Inc. and its agents ("TCFEF") to obtain commercial and consumer credit reports and make other credit inquiries that it determines necessary, and you represent that each individual listed on this Application as a principal, partner, owner, guarantor or obligor likewise has authorized TCFEF to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You also warrant the information on or accompanying this Application is true and complete, and you agree to notify TCFEF of any material change in any such information. You authorize TCFEF and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application, and you authorize anybody contacted to release credit and financial information requested as part of said investigation. You confirm that this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes. TCFEF does not make offers or commitments to extend credit except in final signed documents and, in limited circumstances, in and pursuant to the terms and conditions of written commitment letters. Term sheets, proposal letters, approval letters and the like are not commitment letters. If, at any time or from time to time in the future, you request additional financing from TCFEF and you do not submit a new application, you agree that this application shall, in its entirety, apply to such request, and all notices, disclosures, consents and waivers shall be deemed to have been repeated at the time of each such request.

**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 all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**EQUAL CREDIT OPPORTUNITY ACT.** 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 the statement, please contact our Customer Service Manager, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (866-311-2755) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving 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 compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010-9050.

Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_