



TCF Equipment Finance Credit Application

Call: 866.755.3210 / Fax: 800.741.8079 / Email: healthcare@tcfef.com

Attn: _____

Customer Information	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		
Business Type	<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	Years in Business (Present Ownership)				
Equipment and Vendor Information (Attach separate sheet if necessary)	Equipment 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			E-mail			
	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 = \$						
	Payment Plan	Term Options (months) <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60			Lease Structure <input type="checkbox"/> \$1 OUT <input type="checkbox"/> 10% FIXED PURCHASE OPTION <input type="checkbox"/> FMV		
Bank References 2 Year History	1. Bank Name		City, State, Zip		Contact Name		
	Lease/Loan Acct. #		Lease/Loan Original Date		Lease/Loan Original Term (months)		
	Checking Acct. #		Telephone #		Fax #		
	2. Bank Name		City, State, Zip		Contact Name		
	Lease/Loan Acct. #		Lease/Loan Original Date		Lease/Loan Original Term (months)		
	Checking Acct. #		Telephone #		Fax #		
Owners, Partners and Guarantors (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 Representative, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (800-681-7474) 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 _____