

1040 First Avenue, Suite 420 King of Prussia, PA 19406 t. (800) 994-3415 f. (800) 994-4942

Please fax your completed customer financing application to 800-994-4942.

Finance Inform	nation										
Equipment Description	(include year, make and model if	applicable)									
Amount Financed	Preferred Financing Term (che	Preferred Structure / Termination (check one)									
\$	24 36 48 60 other			\$1 Purchase Option 10% Purchase Option Fair Market Value Lease Loan							
Sales Representative (if available)			Phone/Cell (if available)			Dealer Name					
Contact Inform	ation										
Your Name			Phone/Ce	II		Email Addı	ress (if a	available)			
Company Info	mation										
Legal Name			Corporate Phone			Fax		Fax	:ax		
Company Address				City				State	Zip		
Billing Address (if different)				City				State	Zip		
Equipment Address (if different)				City				State	Zip		
Years In Business Federal Tax				Duns No (if availab				vailable)			
Legal Structure (check one)				Publicly Traded (check or			e) Exempt Sales/Use Tax (check one)				
C- Corp. S-Corp. LLC Partnership Sole Proprietor				Yes No			Yes No				
Business Bank	Reference										
Bank or Financial Institution City and State of				of Branch			Account Number				
Contact Name (your banker) Telephone							Fax (if available)				
Required Infor	mation on Officers, Me	mbers, Pa	artners, (Owners	or Guarantor	's					
		Title				Social Secu	urity Nur	mber	Ownership %		
Home Address (City				State			Zip		
Name Title		Title				Social Security Number			Ownership %		
Home Address				Sity				Zip			
this application on behalf of the subsidiaries, successors and any source, including credit by that decision and the issuand customers and that the finance The undersigned hereby repress.	reby represents and warrants that he one credit applicant and provide the au assigns, and up to three (3) of its partium assigns, and up to three (3) of its partium assigns, are different reporting agencies and one of any resulting proposal to extend proposal to extend ging will be facilitated by Captive Capital resents that all information contained in prizes us to execute and file any UCC to	thorizations and cipating funders credit applicant's credit to credit a al and provided but this application	I instructions s is, to obtain bus is bank, for the applicant. The by its affiliated in is true, correct	et forth here iness and/o purpose of: undersigned lenders. et and comp	ein. The person signing r personal credit inform (1) deciding whether to d also acknowledges the lete. Credit applicant a	g below hereb lation regarding issue a propo hat Captive Ca ligrees that a di	y authori g the prir sal to ext apital is p	izes and instructs ncipal(s) and/or g tend credit to cred providing this app	s Captive Capital Corporation, it juarantor(s) identified above fror dit applicant; and/or (2) facilitatin plication only as a service to the		
Signatura			Titlo					Data			
Signature		<u> </u>	nue				20.22.4	Date	# d		

Credit applicant has a right to a statement of the specific reasons if an adverse action has been taken. To request this information, contact us within sixty (60) days from the day you are notified of such decision. We will send you a statement of the reasons for the denial within thirty (30) days of receiving your request. 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 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 the law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.