

COMPANY INFORMATION	Applicant Company Name		TYPE OF BUSINESS <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
	Applicant Company Address		Tax Payer ID Number	
	City	State	Zip	State of Incorporation
	Primary Contact Name		Phone Number	Date Incorporated
	Nature of Business		Years in Business	Number of Employees
	Principal		Social Security Number	
	Home Address			Date of Birth

BANK AND CREDIT INFORMATION	Bank Reference	Account Officer	Checking Acct. No.	Other Acct. No. (Type)
	Address	City	State	Zip Code
	Secured Credit References	Contact Person		Phone Number
	Secured Credit References	Contact Person		Phone Number
	Secured Credit References	Contact Person		Phone Number

TRANSACTION INFORMATION	Make	Model	New/Used	Serial Number	Term in Months	SALE PRICE _____
						ATTACHMENTS _____
						ATTACHMENTS _____
	Attachment(s) Descriptions					NET TRADE-IN (_____)
	Trade-in(s) Description					DOWN PAYMENT (_____)
	USAGE / APPLICATION					FEES, ETC. _____
	<input type="checkbox"/> Normal/Clean <input type="checkbox"/> Freezer/Cooler <input type="checkbox"/> Foundry <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Recycling metal/paper <input type="checkbox"/> Moderately abusive <input type="checkbox"/> Paper/Textile Mill <input type="checkbox"/> Corrosive <input type="checkbox"/> OTHER (Describe) _____					INSURANCE _____
	Hours Operated Annually _____ Transaction Type _____ If Equipment Lease _____ <input type="checkbox"/> Retail Installment <input type="checkbox"/> Equipment Lease <input type="checkbox"/> Used Equipment Stated Purchase Option \$ _____ / _____ % or FMV _____					TOTAL AMOUNT TO FINANCE _____
	SALES TAX METHOD					
	<input type="checkbox"/> Upfront \$ _____ <input type="checkbox"/> Financed \$ _____ Monthly Sales tax rate (monthly) _____ % <input type="checkbox"/> Exempt (attach certificate)					

Number of Advanced Payments	Add Maintenance to monthly payment? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____			
Insurance Company	Agent			
Address	City	State	Zip Code	Phone Number

DISTRIBUTOR INFORMATION	Distributor Name	Representative		
	Location	City	State	Zip Code
				Phone Number

You, the "Applicant" (which term includes the business entity as well as the undersigned individuals(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("Lessor"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Lessor may obtain credit reports, including consumer credit reports, in connection with the Application and, at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Lessor may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Lessor's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Lessor may get or share credit information with its agents, assignees, and its designees, regarding the Applicant, Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Lessor may share with affiliates and others all information about Applicant that Lessor has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Lessor believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT LESSOR'S ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. LESSOR WILL PROVIDE APPLICANT WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER LESSOR HAS RECEIVED APPLICANT'S REQUEST.
 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 LESSOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580
 APPLICANT HEREBY AUTHORIZES LESSOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.

X _____ TITLE _____ DATE _____
 (SIGNATURE OF APPLICANT'S REPRESENTATIVE)

X _____ DATE _____
 (SIGNATURE OF PRINCIPAL)