

Credit Application

Equipment/Vendor Information

\$ _____	<input type="checkbox"/> 36 mo. <input type="checkbox"/> 48 mo. <input type="checkbox"/> 60 mo. <input type="checkbox"/> 72 mo. <input type="checkbox"/> Other	_____
Amount requested	Term	Equipment Description
Vendor Name	Vendor Address	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vendor Phone	Will the equipment be subleased?	If so, to whom?

Customer Information

Company name ("Applicant")		Street address, City, State, Zip	
County	Contact e-mail address	Physical location of equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No Inside city limits?
Federal Tax ID #	Phone	Fax	Company website
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Business type	Sales tax exempt? If yes, attach exemption certificate.		Annual revenues
In business since	Current ownership since	Fiscal year end	
Major customer(s)		% of annual revenues	

Business Banking Relationship

Bank name	Bank officer	Account number	Telephone number	Bank fax number
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Principals Information

1.	Name/title	% of ownership	SSN	Home address
2.	Name/title	% of ownership	SSN	Home address
3.	Name/title	% of ownership	SSN	Home address

Are there any suits, judgments or tax liens against the Applicant or any of the above principals, or has the Applicant or any of the above principals ever declared bankruptcy? Yes No If yes, explain on a separate page.

Authorization

Applicant hereby authorizes U.S. Bank Equipment Finance, Inc. ("Equipment Finance") and its agents (1) to obtain more credit information, including credit reports, about Applicant and its principals and/or co-owners and to make inquiries in connection with this Application; (2) to share credit information with Equipment Finance affiliates and agents, as well as Applicant's other creditors, bureaus and persons who have or expect to have financial dealings with the Applicant or its principals named above; (3) to share collection information with Applicant's other creditors. All the information in this Application is true, complete and correct. The person signing below on behalf of Applicant is authorized to make this Application on its behalf and to agree to the foregoing, and also has the authority to act for Applicant's principals and co-owners in instructing Equipment Finance and its agents to obtain credit reports on them. To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this application. We may also ask for copies of driver's licenses or other identifying documents.

X	Signature	Title	Date
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X	Signature	Title	Date
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Protecting your confidential information is important to us. Please fax or use a secure email method when returning the completed form. If you have questions related to secure email, please contact us.

Your U.S. Bank Contacts

Contact	Phone	Fax	Email
Contact	Phone	Fax	Email
Banker Name/Title	Branch Manager Name	Branch Manager Preferred ID	