



Equipment Finance, Inc.  
Machine Tool Finance Group

# Credit Application

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## Equipment/Vendor Information

Amount requested \$ \_\_\_\_\_ Equipment description \_\_\_\_\_  
Vendor \_\_\_\_\_ Term 36 months  48 months  60 months  72 months  Other  \_\_\_\_\_  
Will the equipment be subleased? Yes  No  If so, to whom? \_\_\_\_\_

## Customer Information

Company name \_\_\_\_\_ ("Applicant")  
Address \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact e-mail address \_\_\_\_\_  
Physical location of equipment \_\_\_\_\_ Inside city limits? Yes  No   
Fed. Tax ID No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Corporation  Proprietorship  Partnership  LLC  Annual revenues \$ \_\_\_\_\_  
In business since \_\_\_\_\_ Current ownership since \_\_\_\_\_ Fiscal year end \_\_\_\_\_ Co. website \_\_\_\_\_  
Major customer(s) \_\_\_\_\_ % of annual revenues \_\_\_\_\_  
Sales tax exempt? Yes  No  If yes, attach exemption certificate.

## Business Banking Relationship

Bank name \_\_\_\_\_ Bank officer \_\_\_\_\_  
Account no. \_\_\_\_\_ Telephone no. \_\_\_\_\_

## Principals Information

1.	_____	_____	_____	_____
	Name/Title	% of Ownership	SS No.	Home address
2.	_____	_____	_____	_____
	Name/Title	% of Ownership	SS No.	Home address
3.	_____	_____	_____	_____
	Name/Title	% of Ownership	SS No.	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. Bancorp Equipment Finance, Inc. ("USBEP") and its agents (1) to obtain more credit information about Applicant and its principals and/or co-owners and to make inquiries in connection with this Application; (2) to share credit information with USBEP 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 USBEP and its agents to obtain credit reports on them.

X \_\_\_\_\_  
Signature Title Date