



## Finance Application

Fax Completed Application to 800.453.0329

Date: \_\_\_\_\_

Program Manager: Stephen Interlicchio 800.523.3398

### Business Information

Legal Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Type: \_\_\_\_\_ Business Description: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Principal Information

Principal Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ % Ownership: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Equipment Information

Vendor: \_\_\_\_\_ Vendor Address: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

Equipment to be financed with cost: \_\_\_\_\_ Financing Term:  
(attach additional sheet if necessary)  24  36  48  60 months

The undersigned certifies that the information provided above is true, correct and complete. Each signer of this Application certifies that he or she is authorized to execute this authorization and release regarding the credit and other information provided on behalf of each Applicant to all Funders and Credit Reporting Entities (defined below). Each Applicant acknowledges and agrees that:

1. All information provided pursuant to this Application will be used by banks, leasing companies and other financing entities ("Funders") for purposes of determining whether individual Applicants may or may not qualify for potential financing opportunities. 2. Each Funder will perform its own credit qualification analysis and each Funder may or may not decide to approve this Application. 3. Execution of this Application in no way implies that a decision by Funder has been made, or that credit will be granted by any or all Funders. 4. Vendor has no involvement whatsoever in any of the analysis or credit decisions to be made by any or all of the Funders, and Vendor has no obligation to provide Applicant with an explanation as to why any or all such Funders have declined to approve this Application.

Applicant, its owners and/or principals, and all individuals whose names appear on the Application expressly:

1. Authorize consumer reporting agencies, banks and all other persons ("Credit Reporting Entities") to furnish credit and other information to any or all Funders, separately or jointly with other creditors or funding sources, for use in connection with, or for the purpose of, extending credit; and 2. Authorize Funders, Credit Reporting Entities, and joint users of such credit and other information to receive and exchange such information and to update such information as appropriate during the term of any Agreement resulting from this Application.

#### DISCLOSURE OF RIGHT TO REQUEST A WRITTEN STATEMENT OF REASONS FOR DENIAL OF CREDIT:

Key Equipment Finance Inc. ("KEF") complies with Section 326 of the Patriot Act, which requires KEF to obtain, verify, and record information that identifies each applicant for financing. KEF complies with the FACT Act, and other similar laws, which allow each applicant to opt out of information sharing for marketing purposes. KEF also complies with the Equal Credit Opportunity Act ("ECOA"), which prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age, receipt of public assistance, or exercise of legal rights, including the good faith exercise of any right under the Consumer Credit Protection Act. The federal agency that administers compliance by KEF with the ECOA is the Federal Reserve Bank of New York, 33 Liberty Street, NY, NY 10045. Each applicant may request (within 60 days of denial) a written statement from KEF of the reasons for any credit denial and such statement will be provided within 30 days of the request. Please send requests to: KEF Office of Credit Disclosure, 1000 South McCaslin Blvd., Superior, Colorado 80027-9456.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name