

# FINANCING APPLICATION



New Customer       Existing Customer

## PLEASE COMPLETE AND FAX TO (603) 746-5235

- If transaction exceeds \$150,000, additional information will be required, including 3 fiscal year-end and interim financial statements.
- Please call Knoxville at (603) 746-5260 if you have any questions.

### Customer and Billing Information

**Company Legal Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
**Fax No.** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
**Tradestyle** \_\_\_\_\_ **D&B #** \_\_\_\_\_ **Federal Tax ID #** \_\_\_\_\_  
**Equipment Address** \_\_\_\_\_ **City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Billing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Years in Business** \_\_\_\_\_ **No. of employees** \_\_\_\_\_ **Business Description** \_\_\_\_\_ **State of Inc.** \_\_\_\_\_  
**Type of Business**     S-Corp     Non-Profit     Sole Proprietor     Partnership     Corporation     Government  
**Parent Company Name** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

### Personal Information of Proprietor, Partners or Major Shareholders

**Principal Name/Title** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Home phone** \_\_\_\_\_  
**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

### Bank/Lease References

**Name of Bank** \_\_\_\_\_ **Checking Account No.** \_\_\_\_\_  
**Phone No.** \_\_\_\_\_ **Contact** \_\_\_\_\_ **Loan Account No.** \_\_\_\_\_  
**Leasing Company** \_\_\_\_\_ **Phone No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

### Transaction Information

**Dealer Name** \_\_\_\_\_ **Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Transaction Type**     FMV     Purchase Option     \$1 Buy Out     Loan     Other \_\_\_\_\_  
**New**  **Used**  **Equipment Description** \_\_\_\_\_ **Cost(\$)** \_\_\_\_\_  **For Sale/ Rent**  
**Term (mos)** \_\_\_\_\_ **Amount Financed (\$)** \_\_\_\_\_ **x Rate Factor** \_\_\_\_\_ = **Monthly Payment (\$)** \_\_\_\_\_  
**Advance Payment (#)**     0     1     2

### Authorization for Disclosure of Credit Information (THIS MUST BE SIGNED)

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

#### Authorization for Disclosure of Business Credit Information

Applicant hereby authorizes the release of credit information to TFS Capital Funding, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

Signature \_\_\_\_\_  
(Authorized Representative of Credit Applicant)  
Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print Name)

#### Authorization for Disclosure of Personal Credit Information

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to TFS Capital Funding, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau.

Signature \_\_\_\_\_  
(An Individual)  
Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print Name)

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 is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

If your application for business credit is denied or conditionally approved, you have the right to a written statement of the reasons for the denial or the conditional approval. To obtain the statement, please send a written request to CREDIT OPERATIONS, TFS Capital Funding, 3000 Lakeside Dr Ste 200N, Bannockburn, IL 60015 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.