

**Equipment Finance Application**

**CUSTOMER INFORMATION**

Legal Business Name \_\_\_\_\_ DBA Name \_\_\_\_\_  
 Founded \_\_\_\_\_ Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Billing Address (if different) \_\_\_\_\_  
 Check One:  Sole Proprietorship  Partnership  Corporation  LLC  Other \_\_\_\_\_  
 Fed Tax ID # \_\_\_\_\_ State Corp. ID # \_\_\_\_\_ Sales Tax Exempt:  No  Yes (attach certificate)

**EQUIPMENT SUPPLIER INFORMATION**

Supplier Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Estimated Equipment Cost: \$ \_\_\_\_\_  
 Equipment Description (attach separate list for detail) \_\_\_\_\_  
 Desired Term: 24 36 48 60 Other: \_\_\_\_\_ What are the Suppliers Payment Terms: \_\_\_\_\_  
 Please check to indicate when you plan to acquire the equipment:  Within 30 days  30 to 60 days  More than 60 days

**BANK REFERENCE**

Bank Name and Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Type of Facility \_\_\_\_\_

**PRINCIPAL INFORMATION**

<b>Principal #1</b>	<b>Principal #2</b>
Name _____ Ownership % _____	Name _____ Ownership % _____
SS # _____ Date of Birth _____	SS # _____ Date of Birth _____
Home Phone _____	Home Phone _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

PRINCIPAL #1 SIGNATURE & TITLE \_\_\_\_\_

DATE \_\_\_\_\_

PRINCIPAL #2 SIGNATURE & TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Return Completed Form to: **Todd Schemmel** OR **Chad Corsi**  
 Inside Account Executive National Account Manager  
 201-390-0964 314-707-1653  
[TSchemmel@HighlandCC.com](mailto:TSchemmel@HighlandCC.com) [CCorsi@HighlandCC.com](mailto:CCorsi@HighlandCC.com)

I/We represent that all information set forth in this application is a true representation of facts made for the purpose of obtaining lease financing or equipment for Business Purposes Only. By signing below, I/We authorize and instruct any person or reporting agency to compile and furnish to Valley National Bank (the "Bank") any information it may have or obtain in response to such credit inquiries and agree that same shall remain Bank property whether or not the credit is extended. Applicant acknowledges and agrees that Bank may make available financial and credit information obtained from Applicant, or on Applicant's behalf, to Bank's subsidiaries and affiliates. Bank may also disclose this information and any other credit information in Bank's possession regarding the Applicant to any third party who may become the assignee of the Bank's obligations and rights hereunder.

**ECOA Notice:** If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Valley Commercial Capital, LLC at the address or phone number listed above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural 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 this creditor is the Office of the Comptroller of the Currency (OCC) Customer Assistance Group, 1301 McKinney St., Suite 3710, Houston, Texas 77010-3031.