

Business Credit Application

Please return application to
Brent Christiansen
Brent@avantiequipmentfinance.com
603-459-9731



| BUSINESS INFORMATION | | | | | |
|---|-------------------------------|----------------------|--------------------|---------------------|------------------------------|
| FULL LEGAL NAME (INCLUDE DBA IF APPLICABLE) | | | PHONE # | | FAX # |
| BILLING STREET ADDRESS | | CITY | COUNTY | STATE | ZIP |
| EQUIPMENT LOCATION | | CITY | COUNTY | STATE | ZIP |
| LEGAL BUSINESS STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP | | | TAX ID# | | |
| BUSINESS START DATE (MM/YYYY) | INDUSTRY START DATE (MM/YYYY) | BUSINESS DESCRIPTION | SALES LAST YEAR \$ | | PROJECTED NEXT YEAR SALES \$ |
| HOW DID YOU HEAR ABOUT US? | | WEBSITE ADDRESS | | ALTERNATIVE PHONE # | |

| OWNER INFORMATION | | | | | |
|---|--|---------------|---------------------|-------------------|-----|
| APPLICANT NAME (PRINCIPAL/PARTNER/OFFICER) | | | % BUSINESS OWNED | SOCIAL SECURITY # | |
| PHONE # | MOBILE PHONE # | | EMAIL ADDRESS | | |
| HOME STREET ADDRESS | | | CITY | STATE | ZIP |
| CONTINUED EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOME VALUE \$ | MORTGAGE BALANCE \$ | | |
| CO-APPLICANT NAME | | | % BUSINESS OWNED | SOCIAL SECURITY # | |
| PHONE # | MOBILE PHONE # | | EMAIL ADDRESS | | |
| HOME STREET ADDRESS | | | CITY | STATE | ZIP |
| CONTINUED EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOME VALUE \$ | MORTGAGE BALANCE \$ | | |

| EQUIPMENT INFORMATION | | | | |
|--------------------------------------|----------------|--------------------|-----------------|----------------------------------|
| TOTAL ESTIMATED COST OF EQUIPMENT \$ | EQUIPMENT MAKE | | EQUIPMENT MODEL | ADDITIONAL EQUIPMENT DESCRIPTION |
| VENDOR COMPANY NAME | | VENDOR SALESPERSON | PHONE # | EMAIL ADDRESS |

| DESIRED FINANCING TERMS | | |
|-------------------------|------------------------------|---------------------------|
| DOWN PAYMENT \$ | LENGTH OF TERM (# OF MONTHS) | MONTHLY PAYMENT AMOUNT \$ |
| ADDITIONAL COLLATERAL | | |

| CERTIFICATION | | | | |
|---|--|------------------------|----------------------------------|------|
| <p>The applicant(s) affirm that all information provided in this application, along with any attachments, is accurate and complete to the best of their knowledge, and is submitted for the purpose of securing credit for business use, not for personal or family reasons. The applicant(s) grant permission to Avanti Equipment Finance and any associated assignees, lenders, or funding services to obtain and use a consumer credit report on the undersigned now and at any time in the future, as necessary for credit evaluation and review. The applicant(s) waive any rights or claims they might have under the Fair Credit Reporting Act, absent this ongoing consent. Additionally, the applicant(s) authorize any bank, financial institution, or trade reference to release credit information on their account(s) to Avanti Equipment Finance and/or its assigns. The applicant(s) further authorize Avanti Equipment Finance to request and obtain individual or business tax transcripts from the IRS via IRS Form 4506-T, confirming that all statements made in the 4506-T "Signature of taxpayer(s)" section are true and accurate. An electronic, photocopy, or facsimile version of this authorization with a copied, electronic, or facsimile signature shall be considered as binding, valid, genuine, and authentic as an original-signature document for all purposes. A non-refundable documentation fee will be required for preparing and distributing contract documents.</p> | | | | |
| APPLICANT NAME (PLEASE PRINT) | | DATE | CO-APPLICANT NAME (PLEASE PRINT) | DATE |
| APPLICANT SIGNATURE | | CO-APPLICANT SIGNATURE | | |

