

Equipment Finance Application
Please fax to 800-341-6223



Applicant Data: Business Information

Legal Name: _____ Fed Tax ID #: _____
Address: _____ City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____ In business since: _____
Person to contact: _____ Title: _____
E-mail: _____ Phone: _____ Ext: _____
Type: Corp S Corp LLC Partnership Proprietor Ever declared bankruptcy? Yes No (Business or Personal)
Type of Business: Dealership Marina Other _____

Banking & Credit/Finance References

Current Bank: _____ Account Number: _____
Phone: _____ Contact Name: _____ Opened: _____
Firm name: _____ Nature of Relationship: _____
Phone: _____ Contact Name: _____ Opened: _____

Company Principal/Guarantor Information

Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Social Security: _____ Phone: _____ D/O/B: _____ U.S. Citizen: Yes No
Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Social Security: _____ Phone: _____ D/O/B: _____ U.S. Citizen: Yes No

Description of Equipment to be Financed

Selling Company Name: _____ Quantity: _____
Year: _____ Manufacturer: _____ Model: _____ New Used
Equipment Location: _____ Replacement Expansion
 Lease Loan Amount Requested: \$ _____ Term Requested: _____ Other: _____
Will this equipment be titled? Yes No If yes, in what state? _____

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 concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. Applicants have the right to receive a statement of specific reasons for adverse actions within 30 days, if the statement is requested within 60 days of the creditor's oral or written notification of the adverse action. The statement of reasons may be requested by phone at 800-419-0952 or by writing to Priority One Financial Services Equipment Finance, 742 Second Avenue South, St. Petersburg, FL 33701. If the statement of reasons is provided orally, applicants have the right to receive written confirmation within 30 days of our receipt of the applicant's written request for confirmation.

I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer any questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor contacted to release to you such credit information requested.

Signature _____ Title _____ Date _____
Signature _____ Title _____ Date _____