



Industrial Equipment Capital L.L.C.

CREDIT APPLICATION

Attn: **Matt S. Kooba**

With Questions, Call: (909) 596-2627 . Fax Completed and Signed Application to: (909) 593-6180

IMPORTANT INFORMATION: If you are applying for individual lease or for joint lease with another person (including a joint account or an account that you and another person will use) complete all sections providing information about each individual applicant, joint applicant or user. If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.

BUSINESS INFORMATION IF REQUEST EXCEEDS 250,000, PLEASE INCLUDE YOUR LAST 2 YEAR-END BUSINESS FINANCIALS AND AN INTERIM STATEMENTS (if available)						
Legal Business Name		DBA Name		Tax Identification No.		
Street Address (no P.O. Boxes)		Billing Address (no P.O. Boxes)				
City/County/State/ZIP						
Equipment Location (if different from above): Street Address/City/County/State/ZIP						
Contact		Phone No. ()		Fax No. ()		
Nature of Business	Time in Business	Time as Owner	No. of Employees	Gross Annual Revenue		
Is your business sales tax exempt? If "YES" indicate tax exempt number: <input type="checkbox"/> NO <input type="checkbox"/> YES				E-Mail Address		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individuals applying jointly for business purpose lease <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corp. or Ltd. Liability Co. Date of Org. _____ State of Org. _____ <input type="checkbox"/> Other: _____

GUARANTOR INFORMATION (ALL 20% OR MORE OWNERS AND OTHER GUARANTORS)						
Principal/Partner/Officer		Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone ()	
Billing Address (if different)		City	State	ZIP	Phone ()	
Principal/Partner/Officer		Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone ()	
Billing Address (if different)		City	State	ZIP	Phone ()	

EQUIPMENT INFORMATION	
Please indicate the equipment you are planning to acquire:	
Equipment Supplier:	Estimated Total Equipment Costs: \$
Structure: <input type="checkbox"/> Nominal (e.g. \$1) Purchase Option Lease <input type="checkbox"/> Fair Market Value Purchase Option Lease	TERM _____ Months

BANK REFERENCE			
Bank Reference Name		Account/Loan Officer	Phone No. ()
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit	Account No.	Current Balance \$	Average Balance (6 months) \$

"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes, Industrial Equipment Capital LLC and its assigns to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the Lease is approved, from time to time during the term of the Lease. The undersigned certifies they are applying for business purposes only and authorizes Industrial Equipment Capital LLC. or it's assignee to investigate all information contained herein and accompanying this application. The undersigned authorizes and requests all parties to release any information requested concerning personal or business credit standing.

COMPANY AND GUARANTOR SIGNATURES (SIGN BOTH PLACES BELOW)		
We/I certify that we/I have read and agree with applicable terms and conditions above.		
Authorized Signature XX	Title	Date
Authorized Signature	Title	Date