

M: 916 768 4488 F: 916 943 0846

verns@capitoleasing.com

EQUIPMENT FINANCE APPLICATION

| CUSTOMER (EXACT LEGAL NAME) | | EQUI | | DBA | LICATI | UN | | | | |
|---|--|---|--|--|--|--|---|--|---|--|
| PRIMARY BUSINESS STREET ADDRESS (NO P.O. BOXES) | | | | CITY STATE | | | ZIP | ZIP FEDERAL TAX ID NO./ EIN | | |
| | | | | | | | | (REQUIREI |)) | |
| HONE NO. | CELL NO. | | | FAX NO. | | | EMAIL | EMAIL | | |
| NESS DESCRIPTION (DETAIL BUSINESS ACTIVITIES—WHAT DOES YOUR COMPANY DO?) | | | COMPANY DO?) | YEARS IN BUSINESS | | | | PREVIOUS YEAR GROSS ANNUAL SALES (REQUIRED) | | |
| CORP SUBS PARTNER | | | SHIP LLC | $\Box = GOV'$ | | TAX EXEMPT | NO. (ATTACH CER | TFIICATE) | | |
| UIPMENT LOCATION STREET ADDRESS (NO P | | KOPKIETOK | | | | COUNTY | | STATE | ZIP | |
| | | | | | | | | | | |
| BILLING ADDRESS (IF DIFFERENT THAN ABOVE) | | | | СІТҮ | | | | STATE | ZIP | |
| WNERSHIP INFORMATI | | d for each ow | non (Solo Propriote | n or Monoging | Dortnor of De | ntnonchin) wi | th on aquity into | rost of 25% or a | more and each | |
| arantor as well as any one individual with a | | | ge or control the er | | dum if needeo | d. | th an equity inter | _ | | |
| DWNER / PARTNER / MEMBER / GUARANTOR #1 | | | TITLE | | SOCIAL SECURITY NO. | | | % OWNED | DATE OF BIRTH | |
| HOME STREET ADDRESS | | | CITY | | | STATE | ZIP | HOME PHO | DNE / CELL | |
| OWNER / PARTNER / MEMBER / GUARANTOR #2 | | | TITLE | | SOCIAL SECURITY NO. | | | % OWNED | DATE OF BIRTH | |
| | | | | | | STATE | | | | |
| IOME STREET ADDRESS | | | CITY | | | | ZIP | HOME PHO | NE / CELL | |
| | | | | | | | | | | |
| SANK AND SECURED LOA | CONTACT | EASE KI | EFERENCE | PHONE NO | | for additional | | UNT NO. | | |
| | | | | | | | | | | |
| ENDOR INFORMATION | | | | | | | | | | |
| VENDOR NAME & ADDRESS | | | | CONTACT / EMAIL | | | PH/CELL | | | |
| | | | | | | | | | | |
| QUIPMENT DESCRIPTIO | ON / TER | | | | | | | | ım. | |
| EQUIPMENT DESCRIPTION PRICE | | | QUIPMENT DESIGNA NEW US | | | TERM | END-OF-TERM (| _ | FMV 🗌 EFA | |
| COA NOTICE: DISCLOSURE OF RIGHT TO | O REQUEST S | SPECIFIC REA | SONS FOR CRED | IT DENIAL GIV | EN AT TIME | COF APPLICA | TION (BUSINES | S CREDIT). If | your application for busine | |
| COA NOTICE: DISCLOSURE OF RIGHT TO dit is denied, you have the right to a written staten our decision. We will send you a written staten scriminating against credit applicants on the basis plicant's income derives from any public assistance s law concerning the creditor is the Federal Deposi | e program; or be | for the denial w religion, nation ecause the applic | ithin 30 days of rece al origin, sex, marita ant has in good faith | iving your request l status, age (pro exercised any right | t for the staten vided the applic at under the Con | nent. Notice: T cant has the cap sumer Credit Pi | The federal Equal C bacity to enter into rotection Act. The f | a binding contra ederal agency tha | Act prohibits creditors fr ct); because all or part of t administers compliance w | |
| s law concerning the creditor is the Federal Deposi EPORTING AND NEGATIVE INFORMATIO | | | | | | | | | | |
| ur credit report. | | | • | | | | | | | |
| EPRESENTATIONS, AUTHORIZATIONS, Al rsonal, family, or household purposes and the ap thorize bank and its affiliates, and third parties act d bank accounts and to obtain credit reports and nnection with this application or any credit provi garding this application or your credit experience, | plicant agrees t ing for or on be other credit in ded to you by u | hat consumer cr half of bank, and formation from us and the admin ding and any cr | redit laws shall not a l any assignees or tra any credit reporting nistration of our cont edit reports financial | pply. The applica nsferees of any cr agency or credit racts with you ar | nt and each ow edit extended to grantor. You d as otherwise rganizational do | vner signing thi you by bank (c authorize us to required or per | s application, and ollectively, "we" of hold, use, exchang mitted by law, incl | each guarantor (("us"), to check e and disclose in uding without lin | collectively, "you" or "you credit information, reference iformation obtained by us mitation any of the forego | |
| CPA NOTICE: You agree that Bank, Bank affilia nsent to Bank, Bank affiliates, agents and service ificial voice messages, text messages, e-mails an u provide to us at any time, including a number fo | | • • | 1 | | | | sure the quality of s not limited to, contailers may do so usin | service or for othe act by manual ca g any e-mail add | er reasons. You also expres lling methods, prerecorde lress or any telephone nur | |
| DIVIDUAL AUTHORIZATION: By signing b d review his/her personal consumer report from a ll provide you with the name and address of the pe | | | | | | | | | | |
| y signing this application, the undersignth this application is true, correct and | ned confirm complete, a | ns that the un and authorize | ndersigned has r es bank to rely o | ead and unde n and use it to | rstands this evaluate th | application is applicatio | and that the in on. | formation pr | ovided in connection | |
| APPLICANT/AUTHORIZED SIGNO | OR #1 | TITLE | DATE | APPLIC | CANT/AUTI | HORIZED S | SIGNOR #2 | TITLE | DATE | |
| | | | | | | | | | | |
| APPLICANT/AUTHORIZED SIGNO | OR #3 | TITLE | DATE | APPLIC | CANT/AUTI | HORIZED S | SIGNOR #4 | TITLE | DATE | |