

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who obtains credit.

What this means for you: When you obtain credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**EQUIPMENT LEASE CREDIT APPLICATION**

This is an application only and the lease is subject to credit approval. This application does not obligate the Lessor to enter into a lease with Lessee.

**BUSINESS/LESSEE INFORMATION**

 Full Legal Business Name: \_\_\_\_\_  
 Business Start Date: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact/Mobile Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Corporation Partnership LLC Proprietor Other: \_\_\_\_\_ State of Organization: \_\_\_\_\_ Fed ID #: \_\_\_\_\_

Briefly describe operation: \_\_\_\_\_

If corporation, partnership or LLC, the following may be requested: either articles of incorporation, partnership agreement or LLC articles of organization. If corporation or LLC, bylaws operating agreement of similar organizational documents. If other, applicable formation/organization document(s).

**OWNERS/PARTNERS/GUARANTORS /PRINCIPALS**

 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ %Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ %Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If additional space is needed, please attached separate sheet

**EQUIPMENT**

 Equipment Description: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_ Equipment Location (if different than above): \_\_\_\_\_  
 Lessee Sales Tax Exempt: Yes No If yes, reason: \_\_\_\_\_ Lessee property tax exempt: Yes No  
 Please attach any vendor invoice/proposal/ quote

**INSURANCE**

 Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TRADE REFERENCE**

 Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURE**

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by BB Community Leasing Services, Inc. (lessor), the undersigned, jointly and severally, (1) represent that the undersigned is authorized to sign this Application and that the above statements are true and complete, (2) authorize the lessor, or its agents, to verify them and obtain additional information concerning our credit, employment history or any other information, including credit reports (although lessor may rely on these statements without any further verification), to furnish such information and any other credit experience with me to others, to answer any questions about our credit experience and other financial relationships with the lessor, (3) represent that additional financial information (including but not limited to copies of income tax returns of corporation and/or officers, personal financial statements and corporate financial statements) requested by lessor is considered part of this credit application and are free of any material misstatement or omission, (4) agree to the provisions of any rules, regulations or agreements of the lessor governing such credit, and (5) agree that this application is lessor's property. The lessor may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless I direct the lessor at the address shown above that such information if unrelated to my transactions or experiences with the lessor may not be shared by the lessor with its affiliates. I authorize lessor to share any information obtained in connection with this lease transaction with any purchaser or assignee of lessor's interest in any lease with lessee or any other party involved with the funding for this or any future lease transaction requested by lessee. Undersigned further consents to Lessor obtaining, and hereby gives consent and authorization to any bank, any credit files and internal bank write-ups, reports and related information which may be required by Lessor to perform credit underwriting related to this application.

The undersigned understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, under the provisions of title 18, United States code, section 1014.

If I have signed this Application as a potential guarantor or a principal or I have provided my personal information above as a principal of lessee, then I hereby authorize lessor or its agents to verify the above statements and obtain additional information concerning my credit, employment history or any other information, including a credit report. I authorize lessor to share any information obtained in connection with this lease transaction with any purchaser or assignee of lessor's interest in any lease with lessee or any other party involved with the funding for this or any future lease transaction requested by lessee.

BY: <input checked="" type="checkbox"/>	_____	_____	_____	_____
	APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
BY: <input checked="" type="checkbox"/>	_____	_____	_____	_____
	APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE

**FOR MARRIED WISCONSIN RESIDENT:**

THE CREDIT BEING APPLIED FOR, IF GRANTED, WILL BE INCURRED IN THE INTEREST OF MY MARRIAGE OR FAMILY. I UNDERSTAND THE LESSOR MAY BE REQUIRED BY LAW TO GIVE NOTICE OF THIS CREDIT TRANSACTION TO MY SPOUSE.

 APPLICANT:  \_\_\_\_\_ Date: \_\_\_\_\_