

**Call Toll Free 877-547-0600 • Fax Completed and Signed Application to 866-811-4930**

**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.**

<b>FOR BANK USE ONLY</b>	Banker Name: _____ Phone: (____) _____ Fax: (____) _____
	CHECK <input type="checkbox"/> Retail Branch Network indicate Br. # _____ and State _____ ONE <input type="checkbox"/> Small Business Banking indicate \$ Log-In ID _____ E-mail address _____ <input type="checkbox"/> Other _____

**BUSINESS INFORMATION IF REQUEST EXCEEDS \$100,000, PLEASE INCLUDE YOUR LAST 2 YEAR-END BUSINESS FINANCIALS AND AN INTERIM STATEMENT (if available)**

Legal Business Name _____		DBA Name (if any) _____		Tax Identification No. _____	
Street Address (no P.O. Boxes) _____			Billing Address (if different) _____		
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:

Estimated Acquisition Time: <input type="checkbox"/> Immediate <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days	Estimated Total Equipment Costs: \$ _____
Structure: <input type="checkbox"/> Nominal (e.g. \$1) Purchase Option Lease <input type="checkbox"/> Fair Market Value Purchase Option Lease	
<input type="checkbox"/> TRAC Lease (Commercial Vehicles Only) Desired Lease Term (in 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 National City Commercial Capital Corporation ("NCCC") 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. In addition to the information requested on this application, NCCC may subsequently request additional information from Applicant. **IMPORTANT INFORMATION: Except as otherwise prohibited by law, you agree and consent that the affiliates in National City Corporation (collectively "National City") may share with each other all information about you that National City has or may obtain for the purposes, among other things, of evaluating credit applications or offering you products or services that National City believes may be of interest to you. Under the Fair Credit Reporting Act there is certain credit information that cannot be shared about you (unless you are a business) if you tell National City by writing to National City Attention: Office of Consumer Privacy, P.O. Box 4068, Kalamazoo, MI 49009. Please provide your name, address, social security number and account number(s).** As an authorized agent of the applicant company, you represent that you have reviewed this document and the information herein is true, correct and complete. A photostatic copy of this authorization shall be as valid as the original. **Ohio Residents Only:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. **New York Residents Only:** A consumer credit report may be requested in conjunction with this application and updates, renewals or extensions of any credit as a result of this application. Upon request, you will be informed whether or not such a report was requested and if so, the name and address of the consumer reporting agency that furnished the report.

**Important Information About Procedures for Opening A New Account:** 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 opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, business documents, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**COMPANY AND GUARANTOR SIGNATURES (SIGN BOTH PLACES BELOW)**

**We/I certify that we/I have read and agree with the applicable terms and conditions above.**

Company Authorized Signature _____	Title _____	Date _____
Company Authorized Signature _____	Title _____	Date _____
Guarantor / Owner / Individual Signature _____		
Guarantor / Owner / Individual Signature _____		