

Credit Application

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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 (providing that the applicant has the legal 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 FDIC Consumer Response Center 1100 Walnut St, Box #11 Kansas City, MO 64106.

FINANCE, EQUIPMENT AND VENDOR INFORMATION																
FINANCING REQUEST(S)	nancing request(s) 🚨 equipment financing				EQUIPMENT						ST.			PROPOSED TERM (MO)		
☐ TITLED VEHICLES	☐ WORK	ING CAPITAL	IS THE EQI	☐ NEW	□ NEW □ USED			HAS THE EQUIPMENT BEEN				DELIVERED?	☐ YES	□ NO		
VENDOR NAME						CONTACT				PHC				ONE		
PHYSICAL ADDRESS (REQD)								STATE Z		ZIP E		EMA	EMAIL			
APPLICANT COM	PANY	INFORMA	ATIO	N												
LEGAL NAME (AS STATED ON ARTICLES OF ORGANIZATION)						DBA						CONTACT				
PHYSICAL ADDRESS (REQD)								STATE		ZIP	lb l		ONTACT MAIL			
EQUIPMENT LOCATION IF DIFFERENT THAN PHYSICAL ADDRESS								CITY					STATE		ZIP	
				DERAL ID# DIGITS)		PHONE					WEBS	WEBSITE				
AT LEAST 51% OF THE COMPANY IS OWNED BY AN INDIVIDUAL(S) WHO IS A					TYPE OF BUSINESS			CORP PARTI		NERSHIP BUSINES				NUMBER OF EMPLOYEES		
☐ PERMANENT RESIDENT ☐ NEITHER				□ NOI	PROP	PROPRIETORSHIP LL			C CONTROL DATE			GROSS ANNUAL REVENUE				
PERSONAL GUAI	RANTO	R(S) INFO	ORM.	ATION												
1) NAME						TITLE	TLE			% OWNERSHIP				PHONE		
HOME ADDRESS						CITY				STA		ΤE	ZIP			
EMAIL				ration st	US CITIZI	s citizen 🔲 permane			NT RESIDENT NEITHER			HER	R SSN			
YOU AUTHORIZE US TO INVESTIG YOUR CREDIT AS PROVIDED BELO	SATE SIG	NATURE												DATE		
2) NAME						TITLE			% OWNERS		WNERSHIP	SHIP		PHONE		
HOME ADDRESS						CITY				ST		TE ZIP		ZIP		
EMAIL IMMIG				ration st	US CITIZ	zen 🗖 permane			nt resident 🔲 n		NEITI	HER SSN				
YOU AUTHORIZE US TO INVESTIGATE YOUR CREDIT AS PROVIDED BELOW SIGNATURE														DATE		
ADDITIONAL CO	MPANI	ES OWN	ED													
LEGAL NAME		TIME IN BUSINESS		ADDRESS						CITY	,			STATE	ZIP	
LEGAL NAME		TIME IN BUSINESS		ADDRESS						CITY	•			STATE	ZIP	

I/We hereby request and authorize you, LCA Bank Corporation or it's affiliate Lease Corporation of America, ("LCA") to whom this application is made, or your agents or assigns, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. By the execution of this application, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any requested information. I/we hereby request any above named entity to consider this to be our written request to release all information requested by LCA to LCA. We also hereby acknowledge receipt of a copy of this application. I/we certify that I/we are United States citizens or United States permanent resident.

SIGNATURE DATE