

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) <input type="checkbox"/> EQUIPMENT FINANCING                 | EQUIPMENT   | COST   | PROPOSED TERM (MO) |
| <input type="checkbox"/> TITLED VEHICLES <input type="checkbox"/> WORKING CAPITAL | IS THE EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED | HAS THE EQUIPMENT BEEN DELIVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO |                    |
| VENDOR NAME   | CONTACT   | PHONE  |                    |
| PHYSICAL ADDRESS (REQD)   | CITY  | STATE  | ZIP                |
|   |   |  | EMAIL              |

## APPLICANT COMPANY INFORMATION

|  |  |                     |                      |
|--|--|---------------------|----------------------|
| LEGAL NAME (AS STATED ON ARTICLES OF ORGANIZATION)   | DBA  | CONTACT             |                      |
| PHYSICAL ADDRESS (REQD)  | CITY   | STATE               | ZIP                  |
|  |  |                     | CONTACT EMAIL        |
| EQUIPMENT LOCATION IF DIFFERENT THAN PHYSICAL ADDRESS  | CITY   |                     | STATE                |
|  |  |                     | ZIP                  |
| NATURE OF BUSINESS   | FEDERAL ID# (9 DIGITS)   | PHONE               | WEBSITE              |
| AT LEAST 51% OF THE COMPANY IS OWNED BY AN INDIVIDUAL(S) WHO IS A <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NEITHER | TYPE OF BUSINESS <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC | BUSINESS START DATE | NUMBER OF EMPLOYEES  |
|  |  | CONTROL DATE        | GROSS ANNUAL REVENUE |

## PERSONAL GUARANTOR(S) INFORMATION

|   |   |             |       |
|---|---|-------------|-------|
| 1) NAME   | TITLE   | % OWNERSHIP | PHONE |
| HOME ADDRESS  | CITY  | STATE       | ZIP   |
| EMAIL   | IMMIGRATION STATUS <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NEITHER | SSN         |       |
| YOU AUTHORIZE US TO INVESTIGATE YOUR CREDIT AS PROVIDED BELOW | SIGNATURE   | DATE        |       |

|   |   |             |       |
|---|---|-------------|-------|
| 2) NAME   | TITLE   | % OWNERSHIP | PHONE |
| HOME ADDRESS  | CITY  | STATE       | ZIP   |
| EMAIL   | IMMIGRATION STATUS <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NEITHER | SSN         |       |
| YOU AUTHORIZE US TO INVESTIGATE YOUR CREDIT AS PROVIDED BELOW | SIGNATURE   | DATE        |       |

## ADDITIONAL COMPANIES OWNED

|            |                  |         |      |       |     |
|------------|------------------|---------|------|-------|-----|
| 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

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact LCA, (3150 Livernois Rd., Suite 300, Troy, MI 48063, 800.800.8098 or credit@leasecorp.com) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your written request for the statement.