

Contact: Todd Verebey

Federal Id#:

Fax: (201) 829-6354

Estimated Annual Sales: \$

| | | | |
|--|---|----------------|---|
| COMPANY INFORMATION | Lessee Legal Name | | Years in Business |
| | Street Address | | Nature of Business |
| | City/County/State/Zip | | Phone No. |
| | Contact / Title: _____ / _____ | | <input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Not for Profit Corp <input type="checkbox"/> Corporation |
| GUARANTOR(S)/ PRINCIPAL / PARTNER / OFFICER | Equipment Location (if different from above) Street Address/City/County/State/Zip | | <input type="checkbox"/> State of Inc: _____ <input type="checkbox"/> Date of Inc: _____ <input type="checkbox"/> LLC <input type="checkbox"/> State of Local Gov't |
| | Name: | SSN: | |
| | Name: | SSN: | |
| | Home Address: | Date of Birth: | |
| | Home Address: | Date of Birth: | |
| | City/State/Zip: | Home Ph No: | |
| City/State/Zip: | Home Ph No: | | |

| | | | | |
|------------------------------|---|--|---------------------|--------------------------|
| EQUIPMENT INFORMATION | Supplier Name | | Contact: | |
| | End of Lease | <input type="checkbox"/> Fair Market Value Purchase Option | Lease Term (Months) | Phone No. |
| | Purchase Terms | <input type="checkbox"/> Fixed Purchase Option of \$ _____ | # in Advance | Cost of Equipment \$ |
| | | <input type="checkbox"/> Fixed Purchase Price of _____ % of the Total Cash Price | | Amount to be Financed \$ |
| | Equipment Description (Manufacturer, Model) | <input type="checkbox"/> New Year: _____ <input type="checkbox"/> Used | | Payment Amount \$ |
| | 1. | <input type="checkbox"/> New Year: _____ <input type="checkbox"/> Used | | |
| 2. | <input type="checkbox"/> New Year: _____ <input type="checkbox"/> Used | | | |
| 3. | <input type="checkbox"/> New Year: _____ <input type="checkbox"/> Used | | | |

| | | | |
|--|----------------------------|----------------------|-------------------------|
| FINANCIAL REFERENCES: LOAN OR INFORMATION | Bank/Credit Reference Name | Account/Loan Officer | Phone No. |
| | Address (City, State) | | Checking/Loan Acct. No. |
| | Bank/Credit Reference Name | Account/Loan Officer | Phone No. |
| | Address (City, State) | | Checking/Loan Acct. No. |
| | Bank/Credit Reference Name | Account/Loan Officer | Phone No. |
| | Address (City, State) | | Checking/Loan Acct. No. |

| | | | |
|--|------------------------------------|--------------------------|-----------|
| BUSINESS CHECKING ACCOUNT REFERENCE | Bank Reference (Name, City, State) | Account # / Bank Officer | Phone No. |
| | Bank Reference (Name, City, State) | Account # / Bank Officer | Phone No. |

BUSINESS PURPOSE You, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family or household

AUTHORIZATION: The individual signing below certifies that the information provided in this credit application is accurate and complete and authorizes the efi Financial Services, its successors and/or assigns to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. The individual signing below further waives any right or claim, which such individual would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

| | | | | | |
|-------------------------------|---|------------------------|--|--------------|--|
| Guarantor #1 Signature | X | E-Mail Address: | | Date: | |
| Guarantor #2 Signature | X | E-Mail Address: | | Date: | |

ECOA NOTICE (TO BE RETAINED BY APPLICANT)
 Thank you for your business credit application. We will review it carefully and get back to you promptly. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: 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 (provided the applicant has the 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.