

Contact: Mrs. Jean Warokka

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VAT #:

Estimated Annual Sales: € / £

COMPANY INFORMATION	Lessee Legal Name:		Years in Business:
	Street Address:		Nature of Business:
	Postal Code/City/Country:		Phone No:
	Contact / Title: /		Business Legal Structure:
GUARANTOR(S)/ PRINCIPAL / PARTNER / OFFICER	Equipment Location (if different from above) Postal Code/City/Country:		Chamber of Commerce #:
	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 (if non-EFI)		Contact:
	End of Lease Purchase Terms	<input type="checkbox"/> Fair Market Value <input type="checkbox"/> Fixed Purchase Option of € / £ <input type="checkbox"/> Fixed Purchase Price of % of the Total Cash Price	Lease Term
			Phone No.
		# in Advance	Cost of Equipment € / £
	Equipment Description (Manufacturer, Model, SN)	<input type="checkbox"/> New Year: <input type="checkbox"/> Used	Amount to be Financed € / £
	1.	<input type="checkbox"/> New Year: <input type="checkbox"/> Used	Payment Amount € / £
	2.	<input type="checkbox"/> New Year: <input type="checkbox"/> Used	Payment Amount € / £

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

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

AUDITED ANNUAL ACCOUNTS	Please send us the annual accounts of the last 2 years. Yes, I enclose years: +
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AUTHORIZATION: The individual signing below certifies that the information provided in this credit application is accurate and complete and authorizes EFI Financial Services,, its successors and/or assignees 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.

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

NOTICE

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.