

TransAmerica Capital Group, Inc.

Internet:
www.tacapitalgroup.com
 Email:
info@tacapitalgroup.com

1725 E. 1450 S., suite 358
 Clearfield, Utah 84015

(800)763-2810 Fax (801)991-3232

COMMERCIAL FINANCE APPLICATION

| | | | | |
|--|--------------------------------|---------------|-----------|---|
| B U S I N E S S | LEGAL BUSINESS NAME/LESSEE | | TELEPHONE | Fax |
| | ADDRESS (STREET) | | (CITY) | (STATE) (COUNTY) (ZIP CODE) |
| | TYPE OF BUSINESS | Email Address | Website | AGE OF BUSINESS UNDER CURRENT OWNERSHIP |
| | LOCATION OF EQUIPMENT (STREET) | | (CITY) | (STATE) (COUNTY) (ZIP CODE) |

| | | | | | | |
|--|---|--|-----------|--|----------------|---|
| O W N E R S H I P | BUSINESS STRUCTURE Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <input type="checkbox"/> | | NET WORTH | PENDING LEGAL ACTION FILED AGAINST APPLICANT OR PRINCIPAL? (IF YES, DESCRIBE ON SEPARATE SHEET.) | | |
| | PRINCIPAL'S NAME | | TITLE | % OWNERSHIP | HOME PHONE NO. | SOC. SEC. NO. |
| | HOME ADDRESS (STREET) | | (CITY) | (STATE) | (ZIP CODE) | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| | PRINCIPAL'S NAME | | TITLE | % OWNERSHIP | HOME PHONE NO. | SOC. SEC. NO. |
| P | HOME ADDRESS (STREET) | | (CITY) | (STATE) | (ZIP CODE) | <input type="checkbox"/> OWN <input type="checkbox"/> RENT |
| | HAS APPLICANT OR PRINCIPAL FILED BANKRUPTCY OR ASSIGNMENT TO CREDITORS IN THE PAST? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, DESCRIBE ON SEPARATE SHEET?) | | | | | |

| | | | | | |
|---|-----------------------|--------------------|------------------|-----------------|-----------|
| BANK ACCOUNTS SHOULD BE AT LEAST TWO YEARS OLD. IF LESS, PLEASE PROVIDE PREVIOUS BANK REFERENCES. | | | | | |
| B A N K S | BANK | CONTACT | | | TELEPHONE |
| | ACCOUNT UNDER NAME OF | CHECKING ACCT. NO. | AVERAGE BALANCE | CURRENT BALANCE | |
| | BANK | CONTACT | | | TELEPHONE |
| | ACCOUNT UNDER NAME OF | CHECKING ACCT. NO. | AVERAGE BALANCE | CURRENT BALANCE | |
| | BANK | CONTACT | | | TELEPHONE |
| | ACCOUNT UNDER NAME OF | LOAN ACCT. NO. | ORIGINAL BALANCE | CURRENT BALANCE | |

| | | | | |
|--|------------------------------|------------------------|---------------|----------------|
| T R A D E S | COMPANY NAME-MAJOR SUPPLIERS | ACCOUNT NO. – NO COD'S | TELEPHONE NO. | CONTACT PERSON |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|--|---------------------------------|----------------|------------------|------------------------|
| E Q U I P M E N T | VENDOR | | CONTACT | TELEPHONE |
| | ADDRESS (STREET) | | (CITY) | (STATE) (ZIP CODE) |
| | EQUIPMENT TO BE LEASED | | | |
| | COST OF EQUIPMENT W/O TAX \$ | TERMS OF LEASE | AGE OF EQUIPMENT | DEPOSIT RECEIVED \$ |

I/we hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/we agree that the security deposit is not refundable unless the application is rejected by Lessor. By the execution of the lease agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant it is understood that the Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect. By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes TransAmerica Capital Group, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

SIGNATURE X _____ **DATE:** _____