



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 (MIN \$5,000)	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	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	DOB	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	DOB	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, Milestone Bank 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 Milestone Bank to Milestone Bank. 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