**Get Pre-approved Now...**Just Print - Fill out the Blue Portion of the Form - Fax Back to 724-891-6523 It's that Easy...

Equipment/Vendor In	Iomadon							
Equipment Description Equip				pment Location		Expected Delivery Date		
Equipment Type New Used	Equip	ment Cost (excludin	ig tax) \$		Des	ired Monthly Payment \$		
Desired Term 12 Mo. 24	Mo. 36 Mo	. 48 Mo. 60	Мо	End of Lease Op	otion FMV	10% Option 10% PUT \$1 Buy Ou	ut	
Vendor Name		Contact Person			F	Phone ( )		
Address		·		City/State/Zip	·			
Equipment Cost Application Requirements								
Up to \$100,000		Completed App						
\$100,001 and up  Completed Application Previous 3 (three) fiscal year				ear-end audited finar	ncial statements o	or tax returns and interim financial statement	s	
Customer Informatio	n							
Business Legal Name					Sales Tax Exempt Yes No			
Fed Tax ID				If "yes" exemption certificate must be attached  DBA (if any)				
Street Address				City				
Mailing Address				State ZIP Code				
Contact Name				Title				
Phone ( )	Fax	( )		Date Business S	Started	Date Business Incorporated		
Sole Proprietorship	Partnershi	p Corp	oration	Limited Li	iability Company	(LLC) Other:		
U.S. Bank Business Checking Account #				U.S. Bank Business Loan Type(s), Account #(s)				
If applicant is not a U.S. Bank che Bank Name	ecking or loan o	customer, complete	the informa	ation below: Bank Contact				
Phone ( )				Account Numbe	r			
Trade References								
Trade References								
Name of Reference	City/Sta	ite	Phone	0	Contact	Account No.		
	City/Sta	ite	Phone	C	Contact	Account No.		
	City/Sta	ate	Phone	C	Contact	Account No.		
	City/Sta	ite	Phone	C	Contact	Account No.		
Name of Reference	City/Sta	nte	Phone		Contact	Account No.		
	City/Sta	(1)	Phone		Contact	Account No.		
Name of Reference	City/Sta		Phone		Contact			
Name of Reference  Principal Information	City/Sta		Phone		Contact			
Principal Information  Principal Name(s) and Title(s)	City/Sta		Phone		Contact			
Principal Information  Principal Name(s) and Title(s)  Home Address	City/Sta		Phone		Contact			
Principal Information  Principal Name(s) and Title(s)  Home Address  City/State/Zip	City/Sta		Phone		Contact			
Principal Information  Principal Name(s) and Title(s)  Home Address  City/State/Zip  % of Ownership	City/Sta				Contact			
Principal Information  Principal Name(s) and Title(s)  Home Address  City/State/Zip  % of Ownership  Social Security Number  Principal Signature(s)  Each individual signing as principal certilending sources to obtain information from the business credit requested, but also associated with the account as needed. Act in the absence of this continuing contents.	Signature fies that the inform the references for purposes of Each individual statement.	mation provided in this s listed above and obtreviewing the account	a application i	ate s accurate and compler credit report that we the credit line, taking	Signature  lete. Each individu vill be ongoing and collection action of	(2)	on of pose	
Principal Information  Principal Name(s) and Title(s)  Home Address  City/State/Zip  % of Ownership  Social Security Number  Principal Signature(s)  Each individual signing as principal certilending sources to obtain information from the business credit requested, but also associated with the account as needed.	Signature fies that the inform the references for purposes of Each individual statement.	mation provided in this s listed above and obtreviewing the account	a application i	ate s accurate and compler credit report that we the credit line, taking	Signature  lete. Each individu vill be ongoing and collection action of	Date  al signing as principal authorizes lender or any or relate not only to the evaluation and/or extension the account and for any other legitimate purports.	on of pose	
Principal Information  Principal Name(s) and Title(s)  Home Address  City/State/Zip  % of Ownership  Social Security Number  Principal Signature(s)  Each individual signing as principal certilending sources to obtain information for the business credit requested, but also associated with the account as needed. Act in the absence of this continuing concerning to the total continuing concerning to the second continuing concerning to the specific reasons for the written statement of the specific reasons for the written statement of the reasons for the value all or part of the applicants on the because all or part of the applicant's incomparison.	Signature  Ties that the inform the references for purposes of Each individual statement.  Sicant[s])  Cation. We will rat denial. To obto denial within 30 pasis of race, co come derives fro	mation provided in this is listed above and obtreviewing the account signing as principal fur eview it carefully and ain that statement, ple days of your request lor, religion, national of many public assistan	application is ain a consum, increasing ther waives a get back to yease contact for the stater rigin, sex, more program;	ate  s accurate and compler credit report that we the credit line, taking any right or claim whice you promptly. If your a us within 60 days froment. NOTICE: The arital status, age (proor because the application)	Signature  lete. Each individu vill be ongoing and collection action of the such individual was application for busi me the date that yo Federal Equal Cre byided the applica- cant has in good f	Date  al signing as principal authorizes lender or any or relate not only to the evaluation and/or extension the account and for any other legitimate purports.	on of pose orting ritten you a crimiract),	

Fax # (\_\_\_\_\_)