

INSTRUCTIONS:

- 1. Completely fill out the application on page 2. Any owner with more than 10% ownership will need to fill out their information and sign.
- 2. Print the application and sign and date it.
- 3. Scan a copy of your signed application to <u>info@dadecapital.com</u>. You may also fax a copy to (419) 931-9001.

WHAT TO EXPECT NEXT:

- 1. After we receive your application we will do a cursory review, a DADE representative will call you and go over the application and the equipment you are interested in financing. They will answer any questions you have at that time.
- 2. Based on the amount of the request and the equipment you need you will be advised what additional information we may need (if any) to further process your request.
- 3. The time it will take to receive a decision on your loan will depend on the complexity of your request. Our average turnaround time is between one and three days after we receive the requested information.
- 4. When approved, you will receive a Term Sheet with all the information you will need regarding the approval. To proceed with the loan, sign the term sheet and return it and we will prepare the necessary loan paperwork for your signature.
- 5. The loan documents will be emailed or overnighted to you for signature. When you return them with all requested documentation the equipment vendor will be paid and your loan will begin.

Thank you for your time and thank you for your business.



DADE Capital Corp 28300 Kensington Lane Suite 500 Perrysburg, OH 43551 800-823-9688 419-931-9001 Fax

DADECapital.com

EQUIPMENT APPLICATION

	BUSINESS NAME/LESSEE									TELEPHONE		FAX		
B U S I N E S	ADDRESS (STREET)					CITY		STATE		COUNTY			ZIP CODE	
	TYPE OF BUSINESS					YEAR ESTABLISHED		YEARS AS CURRENT OWNER		FE	D. TAX ID NO.			
	LOCATION OF EQUIPMENT (STREET)			CITY	STATE			C		UNTY	1	ZIP CODE		
	ANNUAL REVENUES NUMBER OF		EES	ARE THERE ANY O	NDING LAWSUITS?		HAS THE COMPANY EVER DEC		□ NO					
S	COMPANY WEB SITE			EMAIL ADDRESS					,	ARE THERE ANY OUTSTANDING TAX OBLIGATIONS? YES NO				
	BUSINESS STRUCTURE CORPORATION PARTNERSHIP PROPRIETORSHIP ASSÔ													
	PRINCIPAL'S NAME		TITLE		% OWNERSHIP		IP	BUSINESS EN			EMAIL		SOC. SEC. NO.	
0	HOME ADDRESS (STREET)	CITY	СІТҮ		ST	ATE)) ZIP CODE		1	OWN RENT			DATE OF BIRTH	
	ARE YOU A US CITIZEN? ARE YOU A RESIDENT ALIEN?			AVE YOU EVER DECLARED BANKRUPTCY? GROS			SS INCOM	DME NET WORTH			CELL PHONE NUMBER			
	PRINCIPAL'S NAME TITLI			E % OWNERSH			IIP	BUSINES			SEMAIL		SOC. SEC. NO.	
H I P	HOME ADDRESS (STREET)	CITY	l		ST	ATE	ZIP COD	E			WN 🛛 REN	т	DATE OF BIRTH	
F		YOU A RESIDENT ALIER YES DNO	N? ⊦	AVE YOU EVER DEC			JPTCY?	GRC	DSS INCOM	E	NET WORTH	/ER DECLARE TES NY OUTSTANE YES OT OT RENT ORTH RENT WORTH TELE DATE DATE TELE CURI DESIRED TE	CELL PHONE NUMBER	
B A N K	PRIMARY BUSINESS BANK	BRANCH	BRANCH						FAX			TELEPHONE		
	NAME ON ACCOUNT CHECKING AC		G ACCT	CT. NO.			CONTACT						DATE OPENED	
	BANK BRANCH							FAX			TELEPHONE			
	NAME ON ACCOUNT CHECKING		G ACCT	ACCT. NO.			CONTACT			L			DATE OPENED	
S	LENDER/LESSOR ON OTHER LOAM	NS EQUIPMEI	NT TYP	E					CONTAG	СТ		TELE	PHONE	
	NAME ON ACCOUNT	LOAN / LE	LOAN / LEASE ACCT. NO.			ORIGINAL BALANCE							CURRENT BALANCE	
	EQUIPMENT (YEAR MAKE MODEL)		EQUIPMENT COST					DESIRED TERM						
										□ 36M □ 48M □ 60M □ 72M				

By signing below:

1. You and the Company state that all information provided on this application is true and correct, is not misleading, and does not contain any material omissions.

2. You authorize DADE Capital Corp. or its designee (and any assignee or potential assignee thereof) to obtain consumer reports on each of owner or officer listed from consumer reporting agencies in considering this application, and in conjunction with any extension of credit to the company for review, update, renewal or collection. DADE Capital Corp. may obtain business reports on company.

3. You represent to us that each of you is authorized to sign this application on behalf of company, that each of you have the title indicated above, and that no other person(s) is/are required to sign this application in order to bind the company or to make any of the representations, agreements, or other information in this application accurate, effective and legally binding.

4. All owners of 20% or more and other principal representatives must sign this application. If there are more than two signers, please copy this application, complete and sign this section, and attach the copy to this application.

5. 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 the statement, please call DADE Capital Corp. at 800-823-9688.

•		4	,
	2	K	
4	,		١.

SIGNATURE/TITLE

