



Email completed application to: applications@financial-svcs.com
 For questions call Jeff Visscher @ 317-606-5862

BUSINESS

EQUIPMENT FINANCE APPLICATION

CUSTOMER (EXACT LEGAL NAME)				DBA			
PRIMARY BUSINESS STREET ADDRESS (NO P.O. BOXES)			CITY	STATE	ZIP	FEDERAL TAX ID NO. / EIN (REQUIRED)	
PHONE NO.	CELL NO.	FAX NO.		EMAIL			
BUSINESS DESCRIPTION -WHAT DOES YOUR COMPANY DO? (REQUIRED)			YEARS IN BUSINESS (REQUIRED)	YEARS UNDER CURRENT OWNERSHIP	PREVIOUS YEAR GROSS ANNUAL SALES (REQUIRED) \$		
<input type="checkbox"/> CORP <input type="checkbox"/> SUB S <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> GOV'T/MUNI				TAX EXEMPT NO. (ATTACH CERTIFICATE)			
EQUIPMENT LOCATION STREET ADDRESS (NO P.O. BOXES)			CITY	COUNTY	STATE	ZIP	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)			CITY		STATE	ZIP	

OWNERSHIP INFORMATION Information required for each owner (Sole Proprietor or Managing Partner of Partnership) with an equity interest of 25% or more and each guarantor as well as any one individual with a significant ability to manage or control the entity. *EACH OWNER MUST SIGN THE APPLICATION*

OWNER / PARTNER / MEMBER / GUARANTOR	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.
OWNER / PARTNER / MEMBER / GUARANTOR	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.

BANK AND SECURED LOAN OR LEASE REFERENCES

BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.
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DEALER INFORMATION

DEALER NAME AND SALESPERSON CONTACT NAME	EMAIL ADDRESS	TELEPHONE NO.
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EQUIPMENT DESCRIPTION / TERMS OF SALE If available, provide Sales Order with equipment list and pricing details as addendum.

EQUIPMENT	YEAR	EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED	<input type="checkbox"/> LOAN <input type="checkbox"/> LEASE	<input type="checkbox"/> Standard Rate <input type="checkbox"/> Farm Fueled <input type="checkbox"/> Low Rate	Term	Payment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Annual Hours	Purchase Option %
SALES PRICE	TAXES, IF EXEMPT PLEASE SPECIFY	NET TRADE IN	DOWN PAYMENT	RENTAL CREDIT	DOC FEE	TOTAL TO FINANCE		

ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (800) 266-3255 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Notice: 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 (provided the applicant has the 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 the creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006.

REPORTING AND NEGATIVE INFORMATION. We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

REPRESENTATIONS, AUTHORIZATIONS, AND AGREEMENTS. This application is for the commercial or governmental lease of goods and not for any financing for personal property to be used primarily for personal, family, or household purposes and the applicant agrees that consumer credit laws shall not apply. The applicant and each owner signing this application, and each guarantor (collectively, "you" or "your") authorize Manitou Finance, Manitou North America, LLC, Bank of the West and any other bank and their affiliates, and third parties acting for or on behalf of the bank, and any assignees or transferees of any credit extended to you by the bank (collectively, "we" or "us"), to check credit information, references and bank accounts and to obtain credit reports and other credit information from any credit reporting agency or credit grantor. You authorize us to hold, use, exchange and disclose information obtained by us in connection with this application or any credit provided to you by us and the administration of our contracts with you and as otherwise required or permitted by law, including without limitation any of the foregoing regarding this application or your credit experience, capacity or standing, and any credit reports, financial statements and organizational documents.

TCPA NOTICE: You agree that Bank, Bank affiliates, agents and service providers may monitor and record telephone calls regarding your account to assure the quality of service or for other reasons. You also expressly consent to Bank, Bank affiliates, agents and service providers to use written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic telephone dialing systems. You agree Bank, Bank affiliates, agents and service providers may do so using any e-mail address or any telephone number you provide to us at any time, including a number for a cellular phone or other wireless device, regardless of whether charges are incurred as a result.

INDIVIDUAL AUTHORIZATION: By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides bank written authorization to obtain and review his/her personal consumer report from any reporting agency in connection with this application, whether or not his or her credit is being relied upon in connection with this application. If you request, bank will provide you with the name and address of the person to whom the request for any consumer report was made. You are entitled to receive certain information from that reporting agency upon request.

By signing this application, the undersigned confirms that the undersigned has read and understands this application and that the information provided in connection with this application is true, correct and complete, and authorizes the bank to rely on and use it to evaluate this application.

APPLICANT/AUTHORIZED REPRESENTATIVE/SIGNATURE/GUARANTOR	TITLE	DATE
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APPLICANT/AUTHORIZED REPRESENTATIVE SIGNATURE/GUARANTOR	TITLE	DATE
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475 Sansome Street, 19th Floor San Francisco, CA 94111