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|---------------------------------------|----------------|--|------------------|------------------|
| SUPPLIER & EQUIPMENT | | | | |
| Supplier Name: | | Telephone Number: | Fax Number: | |
| Address (Street, City, State, Zip): | | | | |
| LEASE INFO | | | | |
| Amount Requested: \$ | Lease Term: | # Advance Pmts | Monthly Payment: | Purchase Option: |
| Equipment Description: | | Equipment Location: | | |
| BUSINESS INFORMATION | | | | |
| Full Legal Name of Business/Practice: | | | | |
| Street Address: | | City: | State: | Zip: |
| Telephone Number: | | Fax Number: | Federal Tax ID: | |
| Contact: | | Title: | E-Mail Address: | |
| # Years in Business: | Time as Owner: | Business/Practice Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor | | |
| PRINCIPAL INFORMATION | | | | |
| Principal 1 Name: | | Social Security #: | Date of Birth: | |
| Home Street Address: | | City: | State: | Zip: |
| Home Telephone: | Cell #: | Title and % Owned: | Date Licensed: | |
| Principal 2 Name: | | Social Security #: | Date of Birth: | |
| Home Street Address: | | City: | State: | Zip: |
| Home Telephone: | Cell #: | Title and % Owned: | Date Licensed: | |
| BANK AND TRADE REFERENCES | | | | |
| Bank Name: | | Telephone #: | Contact Name: | Account #: |
| Trade Name: | | Telephone #: | Contact Person: | Account #: |

By signing this Credit Application, you authorize Beneficial Equipment Finance Corporation, and/or its assigns, to contact all bank and trade references, run credit and business reports and you authorize all references to release credit card information with respect to this Credit Application and from time to time in connection with the following up on any matters relating to this proposed Lease transaction.

If your application for credit is denied, you have a right to a written statement of the specific reasons for denial. To obtain a statement, please contact the Beneficial Equipment Finance Credit department at 165 Pottstown Pike, Chester Springs, PA 19425 or call 877-880-9020 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for 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 application 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: FDIC, Consumer Response Center, 1100 Walnut St, Box #11, Kansas City, MO 64106.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

| | |
|-------------------|-------------|
| SIGNATURE X _____ | TITLE _____ |
| PRINT NAME _____ | DATE _____ |
| SIGNATURE X _____ | TITLE _____ |
| PRINT NAME _____ | DATE _____ |

FAX COMPLETED APPLICATION TO 855-268-1079

Questions? Contact Lorraine Perkins at 267-398-6640

Email: lperkins@thebeneficial.com