

EQUIPMENT APPLICATION



Fax to
419-931-9001.

Important Information about Procedures for Opening a New Account or Obtaining Credit

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 or obtains a lease or loan.

What this means for you: When you apply, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

BUSINESS	BUSINESS NAME/LESSEE			TELEPHONE	FAX
	ADDRESS (STREET)		CITY	STATE	COUNTY
	TYPE OF BUSINESS			YEAR ESTABLISHED	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		CITY	STATE	COUNTY
	BUSINESS STRUCTURE		WEBSITE ADDRESS		E-MAIL ADDRESS
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PROPRIETORSHIP			
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT			

OWNERSHIP	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN	DATE OF BIRTH
						<input type="checkbox"/> RENT	
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN	DATE OF BIRTH
						<input type="checkbox"/> RENT	
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN	DATE OF BIRTH
						<input type="checkbox"/> RENT	

BANKS	BANK	BRANCH	FAX	TELEPHONE
	NAME ON ACCOUNT	CHECKING ACCT. NO.	CONTACT	DATE OPENED
	BANK	BRANCH	FAX	TELEPHONE
	NAME ON ACCOUNT	CHECKING ACCT. NO.	CONTACT	DATE OPENED
	LENDER/LESSOR	EQUIPMENT TYPE	CONTACT	TELEPHONE
	NAME ON ACCOUNT	ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE

TRADES	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

VENDOR	VENDOR	CONTACT
	ADDRESS (STREET)	CITY
	EQUIPMENT DESCRIPTION	EQUIPMENT COST

By signing below, the undersigned individual(s), who is either a principal of the credit application or a personal guarantor of its obligation, provides written instruction to DADE Capital Corp. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

X _____	DATE _____	X _____	DATE _____
SIGNATURE/TITLE	DATE	SIGNATURE/TITLE	DATE