



### INSTRUCTIONS:

1. On page two is our application which is ready for you to complete herein.
2. After you complete the information, print the application, sign and date it and fax it back to 419-931-9001 or scan it back to [info@dadecapital.com](mailto:info@dadecapital.com).
3. You may also download this application for completion or printing at a later time.
4. No matter how you send this back, please remember to sign and date the application or we will not be able to process it.

### 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.

**PROCEED TO THE APPLICATION**



**DADE Capital Corp**  
**900 W South Boundary St**  
**Bldg 6**  
**Perrysburg, OH 43551**  
**800-823-9688**  
**419-931-9001 Fax**

**DADECapital.com**

**EQUIPMENT APPLICATION**

<b>B U S I N E S S</b>	BUSINESS NAME/LESSEE				TELEPHONE	FAX
	ADDRESS (STREET)		CITY	STATE	COUNTY	ZIP CODE
	TYPE OF BUSINESS			YEAR ESTABLISHED	YEARS AS CURRENT OWNER	FED. TAX ID NO.
	LOCATION OF EQUIPMENT (STREET)		CITY	STATE	COUNTY	ZIP CODE
	ANNUAL REVENUES	NUMBER OF EMPLOYEES	ARE THERE ANY OUTSTANDING LAWSUITS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS THE COMPANY EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	COMPANY WEB SITE		EMAIL ADDRESS		ARE THERE ANY OUTSTANDING TAX OBLIGATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES	
	<b>BUSINESS STRUCTURE</b> <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input checked="" type="checkbox"/> <del>ASSO</del> <input type="checkbox"/> OTHER _____					

<b>O W N E R S H I P</b>	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
	ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A RESIDENT ALIEN? <input type="checkbox"/> NO <input type="checkbox"/> YES	HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES		GROSS INCOME	NET WORTH	CELL PHONE NUMBER
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
	ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A RESIDENT ALIEN? <input type="checkbox"/> NO <input type="checkbox"/> YES	HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES		GROSS INCOME	NET WORTH	CELL PHONE NUMBER

<b>B A N K S</b>	PRIMARY BUSINESS 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 ON OTHER LOANS	EQUIPMENT TYPE		CONTACT	TELEPHONE
	NAME ON ACCOUNT	LOAN / LEASE ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE

EQUIPMENT (YEAR MAKE MODEL)	EQUIPMENT COST	DESIRED TERM <input type="checkbox"/> 36M <input type="checkbox"/> 48M <input type="checkbox"/> 60M <input type="checkbox"/> 72M
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By signing below:

- 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.
- 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.
- 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.
- 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.
- 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.

<b>X</b> _____	_____	<b>X</b> _____	_____
SIGNATURE/TITLE	DATE	SIGNATURE/TITLE	DATE