

Legal Name: _____ dba: _____

Business Start Date: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Contact/Mobile Phone: _____

E-mail: _____ Website: _____

Corporation Partnership Proprietor Other _____ State of Organization: _____ Date of Organization: _____ Fed ID #: _____

Briefly describe operation: _____
If corporation, partnership or LLC, the following may be requested: either articles of incorporation, partnership agreement or LLC articles of organization. If corporation or LLC, bylaws, operating agreement or similar organizational documents. If other, applicable formation/organization document(s).

Owner*: _____ SSN: _____ DOB: _____ Title: _____ % Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____ Yrs. at address: _____

Owner*: _____ SSN: _____ DOB: _____ Title: _____ % Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____ Yrs. at address: _____

If additional space is needed, please attach separate sheet

***Include copy of drivers license(s)**

Primary Bank: _____ Phone: _____ Officer: _____

Secondary Bank: _____ Phone: _____ Officer: _____

Supplier Reference: _____ Phone: _____ Officer: _____

**complete this financial grid or include balance sheet/income statement*

<u>Assets</u>	<u>Liabilities & Net Worth</u>	<u>Income Summary</u> (most recent year 20__)	
Cash/Receivables \$ _____	Long Term Debt \$ _____	Farm Revenue \$ _____	Trucking Revenue \$ _____
Total Assets \$ _____	Total Liabilities \$ _____	Non Farm Income \$ _____	Trucking Income \$ _____
<i>*additional financial information may be requested</i>	Total Equity \$ _____	Net Income \$ _____	Own: # Trucks _____ # Trailers _____

Crops Planted: _____ # Acres Rent: _____ # Acres Own: _____ Herd Size: _____

Dealer: _____ Contact: _____ Phone: _____

Is this a replacement unit? Yes No Year: _____ New Used Price: \$ _____

Make/Model: _____ Description: _____

Pymt. Frequency: M Q SA A Custom Term: _____ Advance: \$ _____ Purchase Option: 10% 20% \$101

Notes: _____

Yes, I am interested in a Line-of-Credit for \$ _____

Sales Tax Exempt: Yes No If yes, Why: _____ Transportation: MC# ICC# _____

Address where equipment will be located: (if different than above) _____

Insurance Company: _____ Agent: _____ Phone: _____

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All information in this application and all attachments are correct to the best of my knowledge. I authorize Northland Capital and/or its lenders and assigns to verification of employment and all financial and other information submitted with this application, including obtaining a credit report, to act on this application. I authorize making continued inquiries about such information and obtaining a credit report during the term of my lease(s) as necessary to administer my lease(s). As required by law, my identity will be verified. I authorize all past or present creditors to release any and all necessary credit information, and to respond fully to requests for information based on this application when transmitted by electronic or other means. The above permissions and authorizations will apply to any creditor to whom this application is submitted. I certify that the lease(s) applied for hereunder are for business, commercial or agricultural purposes and not for personal, family and household purpose.

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 that 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. A number of federal agencies share enforcement responsibilities of this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington, D.C. 20580, 877-382-4357.

X _____ **X** _____ Date: _____