

BUSINESS

EQUIPMENT FINANCE APPLICATION

CUSTOMER (EXACT LEGAL NAME)				DBA	
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO.
LOCATION OF EQUIPMENT		CITY	STATE	ZIP	FACSIMILE NO.
CELL PHONE NO.			EMAIL ADDRESS		
TYPE OF BUSINESS	GROSS ANNUAL SALES	YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP	FEDERAL TAX ID NO. (IF ANY)	
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CO.					STATE OF INCORPORATION

OWNERSHIP

PRINCIPAL #1 NAME		TITLE	SOCIAL SECURITY NO.	% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)	
PRINCIPAL #2 NAME		TITLE	SOCIAL SECURITY NO.	% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)	

REFERENCES

BANK NAME	BANK CONTACT NAME	BANK CITY	CURRENT CHECKING BALANCE	BANK TELEPHONE NO.
BANK ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	
PRIMARY TRADE/SUPPLIER NAME	TRADE/SUPPLIER CONTACT	TRADE/SUPPLIER TELEPHONE NO.		

DESIRED TERMS

TERM IN MONTHS <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	BUYOUT OPTION <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV	EQUIPMENT COST	EQUIPMENT TYPE
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If the business has been in operation under present ownership for less than two (2) years or equipment costs exceed \$150,000 for professional surveyor and engineering applicants or \$250,000 for general contractors, provide financial statements or tax returns on company for most recent two (2) years and most recent interim finance statement.. PLEASE INCLUDE AN ITEMIZED QUOTE.

DISTRIBUTOR INFORMATION

COMPANY	CONTACT	TELEPHONE NO.
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I understand this equipment application may be approved based on my business and personal credit. I authorize AZ Overland Blueprint or its assignees to check references, bank accounts and credit information.

X

AUTHORIZED SIGNATURE

DATE

EOA 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, AZ Overland Blueprint, 3301 N. 24th Street, Phoenix, Arizona 85016, (602) 224-9971 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 Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

Please fax completed application to 602-954-7789 - Attention: Jeffrey L. Turell