

Credit Application

RETURN COMPLETED CREDIT APPLICATION TO:



Jason Landry, National Accounts Manager, Emergency Vehicles

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TCF Equipment Finance, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305

Company Information													
Company Name OR Individual Last, First and Middle Name, Suffix								DBA					
Street Address					City			State/Zip					
Phone Fax				Website							iross Annual Revenue		
Contact Name Contact Email Address				State Organization ID #			Federal ID #			Fleet Size			
			State of Incorporation	n	Date Established		Yrs in Business (Present Owne		rship) Na		Nature of Business		
Sole C Corp Sub S Corp	C Corp Sub S Corp LLP LLC												
Owners, Partners and Guarantors Information (Attach separate sheet if necessary)													
Name (Personal Guarantor/Principal/Partner/Officer)			Title	Percent Owned			Social Security #				Own	er Since:	
Table (Classial Gallatto), The pay, attick, officer,								,					
Address			City		State/Zip		Phone				Date	of Birth	
Addiess					State, Zip		i none						
Name (Personal Guarantor/Principal/Partner/Officer)			Title			Percent Owned		Social Security #				Own	er Since:
Traine (crashal datamon) melpan articlyometry					r creem owned			Social Security "					
Address			City		State/Zip		Phone		D:		Date	of Birth	
/ Address					State, 2.p								
	matica (A	tto ala	conovoto ch		:£		\						
Equipment and Vendor Infor	mation (A	itacn	separate sr	ieet	II ne	ece:	ssary)						
Finance Structure			Total Amount Financ		Equipment is					Equipment is			
TRAC \$1 OUT/LP EFA Loan						Additional-Rea		ison		Replacement-Payment			t-Payment
Manufacturer/Year/Make/Model				Qty	ùty		Equipment Cost		Total Equipment Cost		Delivery Dat	e	
Dealer Name Conta			ct Name			Contact Phone #				Contact Email Address			
Primary Sources of Business													
Company Name Products/Supplies				t Name		Contact Phone #		Contact Email Address					
Company Name Products/Supplies				Contac	act Name			Contact Phone # C		ontact Email Address			
References													
Business Bank Name Contact Name			Contact Phone				lc	ontact Em	nail				
								201020					
inance Company Contact Name				ct Phone	Phone			Conta		act Email			
							Condition						
You are applying for financing from TCF Equipment Finance, a division). TCFEF and Savvik Buying Group are unrelated parties not affiliated					in any way a	nd neither party has the rig	ht to act as	agent for or other	erwise b	aind the other to any obligations.		
By submitting this Application, the undersigned warrants that the applicant and each individual listed as a principal, partner, owner, guarantor or obligor consent, authorize and warrant as follows: (a) TCFEF may obtain commercial and consumer credit reports, investigate references and statements, and make other credit inquiries about the applicant and all such individuals, and anybody contacted in connection therewith may release any credit and financial information; (b) TCFEF and is affiliates may share with one another financial, credit and other information about the applicant and such individuals and use shared information to market to the applicant and the individuals; (c) the information on or accompanying this Application is true and complete, and the undersigned will notify TCFEF of any material change in any information; (d) this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes; (e) the applicant, if an individual, is a citizen or lawful permanent resident of the United States; and (f) this Application will apply to any future request for additional financing and all notices, disclosures, consents and warranties shall be deemed repeated for each future request, unless the applicant submits a new written application. TCFEF does not make offers or commitments to extend credit except in final signed documents and, in limited circumstances, in and pursuant to the terms and conditions of written commitment letters. Term sheets, proposal letters, approval letters and the like are not commitment letters. **READ CAREFULLY BEFORE SUBMITTING THIS APPLICATION: TCFEF recommends that you print the Application, sign it below and fax or mail it to TCFEF, and the scurrity of the contents of the advice of the advice of submitting this Application by e-mail, enter your name as authorized agent below. By entering your name and submitting this Application tor TCFEF, you garee that this Application is an electronic record													
27 chang you make and submitting this Application to Terr	, you agree that this /	ppinoation i	ciccionic record execu	u oy yo	usilig y	our cicci	.c.nc signature.						

Signature/Title Date

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

EQUAL CREDIT OPPORTUNITY ACT. 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 contact TCFEF's Customer Service Manager, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (866-311-2755) within 60 days from the date you are notified of a decision. TCFEF will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.