

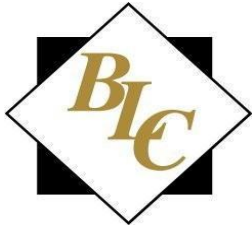


BUSINESS LEASE CONSULTANTS CREDIT APPLICATION

Timothy Kline
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610-670-7544 Office #
610-670-7485 Fax #
www.BLCequipmentfinance.com

CLIENT (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)					
Company			DBA		
Billing Address		City	County	State	Zip
Telephone No.	Fax No.	Contact Person	Nature of Business		Fed ID#
Equipment Location	Type of Business: <input type="checkbox"/> Corp. (Registered in the State of ___) <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LLC			# Years in Business	
EQUIPMENT/ASSET TO BE FINANCED (Attach separate list if necessary)					
Description (Include Make, Model, and Serial #'s and any attachment)				Equipment Cost	
Payment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other _____			Type <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1.00 <input type="checkbox"/> CFA <input type="checkbox"/> Other _____		
Term					
VENDOR INFORMATION					
Vendor's Name		Contact	Telephone No.	Fax No.	
Street	City	State	Zip		
PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS					
Name	Home Address		City, State, & Zip		
Telephone No. / Cell Phone No.	Social Security #	Email Address	Date of Birth	% Ownership	
Name	Home Address		City, State, & Zip		
Telephone No. / Cell Phone No.	Social Security #	Email Address	Date of Birth	% Ownership	
COMPANY BANK REFERENCES -- TWO YEAR HISTORY					
Name of Bank/Branch		City/State	Telephone No.	Fax No.	
Contact Person		Checking Account No.	Loan Account No.		
TRADE REFERENCES -- TWO YEAR HISTORY					
Name of Supplier	City/State	Telephone No.	Contact Person		
Name of Supplier	City/State	Telephone No.	Contact Person		
AUTHORIZATION FOR RELEASE OF CREDIT AND OR BANK INFORMATION					
<small>All information in this application and all attachments is correct to the best of my knowledge. I authorize 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. I authorize any lessor making a lease applied for hereby to disclose to you, on a confidential basis, my personal credit and other information (including without limitation post-closing information regarding the servicing of the lease and any defaults thereunder), whether or not you are a servicer of the lease. 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 or household purposes.</small>					
Signature		Date	Signature		Date
<small>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 responsibility for 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, 1-877-382-4357.</small>					



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EQUIPMENT LEASE APPLICATION

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SHORTFORM FINANCIAL STATEMENT

ASSETS

Cash/Savings/Investments	\$
Accounts Receivable	\$
Real Estate/Personal Property	\$
Equipment/Cars/Trucks	\$
Total Assets	\$

LIABILITIES

Current Portion Long Term Debt	\$
Total Liabilities	\$
Total Net Worth	\$

Income Summary (Most Recent Complete Year)

Annual Interest Expense	\$
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Total Annual Gross Farm Income	\$
Total Annual Gross Non-Farm Income	\$

AUTHENTICATED BY:

Signature

DATE: _____

Print Name