



BUSINESS

CONSTRUCTION EQUIPMENT FINANCE APPLICATION

CUSTOMER (EXACT LEGAL NAME)				DBA			
STREET ADDRESS (NO P.O. BOXES)			CITY		STATE	ZIP	FEDERAL TAX ID NO. (IF ANY)
PHONE NO.		CELL NO.			FAX NO.		
BUSINESS DESCRIPTION		YEARS IN BUSINESS		YEARS UNDER CURRENT OWNERSHIP		GROSS ANNUAL SALES \$	
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC				STATE & DATE OF INCORPORATION		SALES TAX EXEMPT: <input type="checkbox"/> Yes (Attach copy of certificate)	

OWNERSHIP INFORMATION

OWNER / PARTNER / MEMBER			TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
STREET ADDRESS			CITY	STATE	ZIP	HOME PHONE NO.
OWNER / PARTNER / MEMBER			TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
STREET ADDRESS			CITY	STATE	ZIP	HOME PHONE NO.

NOTE: If additional partners/shareholders/members please include like information on second page.

BANK AND SECURED LOAN OR LEASE REFERENCES

BANK NAME	CONTACT	PHONE NO.	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.

Do you have any leases/loans with Trinity and/or Bank of the West? Yes, Account No. _____ No

EQUIPMENT DESCRIPTION / TERMS OF SALE / DEALER INFORMATION

EQUIPMENT DESCRIPTION			
EQUIPMENT DESIGNATION <input type="checkbox"/> NEW <input type="checkbox"/> USED	CONTRACT TYPE <input type="checkbox"/> LEASE <input type="checkbox"/> LOAN	IF LEASE, END-OF-TERM OPTION	TERM
DEALER / DISTRIBUTOR NAME		CONTACT	TELEPHONE NO.

SALES PRICE: \$ _____
 FREIGHT/DELIVERY: \$ _____
 SALES TAX: \$ _____
 NET TRADE-IN: \$ _____
 DOWN PAYMENT: \$ _____
 RENTAL CREDIT: \$ _____
 DOC FEE: \$ _____
 INSURANCE: \$ _____
TOTAL TO FINANCE: \$ _____

ECOA 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, Bank of the West – Trinity Division, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (415) 956-5174 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, 1100 Walnut Street, Box #11, Kansas City, MO 64106.

I understand this equipment application may be approved based on my business and personal credit. I authorize Bank of the West – Trinity Division or its assignees to check references, bank accounts and credit information. NOTE: Financial Statements or tax returns may be required.

X _____
 AUTHORIZED SIGNATURE

 DATE