

## **CUSTOMER INFORMATION**

EXACT LEGAL NAME OF BUSINESS EN	TITY ("Obligor")					TELEPI	HONE NUMBER	
ADDRESS (STREET)		(CITY)	(ST	ATE)		(COUN	TY) (ZIP COI	DE)
NATURE OF BUSINESS		FAX NUMBER				FED. T/	AX NO.	
WEBSITE ADDRESS	GROSS ANNUAL RE	VENUES	DATE BUSIN	IESS ESTABLISHE	D (mm/yyyy)	D	ATE CURRENT OWNERSHIP (mm	/уууу)
	\$							
BUSINESS STRUCTURE		□ PARTNERSHIP	□ S-CORP	□ C-CORP	🗆 LLP		C 🗆 TRUST	
STATE OF ORGANIZATION:								

# OWNERS, PARTNERS, GUARANTORS (ATTACH SEPARATE SHEET IF NECESSARY)

PRINCIPAL'S NAME		TITLE		% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN HOME	MOBILE PHONE NO.
					□ RENT	
ANNUAL SALARY	US CITIZEN	EMAIL ADDRESS				
\$	□ NOT US CITIZEN					
PRINCIPAL'S NAME		TITLE		% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN HOME	MOBILE PHONE NO.
					□ RENT	
ANNUAL SALARY	US CITIZEN	EMAIL ADDRESS				
\$	□ NOT US CITIZEN					
NOTICE - JOINT CREDIT	: We intend to apply for joint credit	(Initials) /		By Phone Cus	tomer indicated joint ir	itent to Lender
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#### **EQUIPMENT INFORMATION**

VENDOR/EQUIPMENT DESCRIPTION: YEAR, MAKE, MODEL NEW USED	EQUIPMENT COST	CASH DOWN/TRADE	AMOUNT TO FINANCE/LEASE
	\$	\$	\$
FINANCING/LEASE STRUCTURE	FINANCE/LEASE TERM	ADDITION REPLACEMENT	DELIVERY DATE
\$1.00 LEASE 🔲 10% PUT 🔲 FMV LEASE 🗌 LOAN 🗌	24 36 48 60		
LOCATION OF EQUIPMENT (STREET)	(CITY)	(STATE, COUNTY)	(ZIP CODE)

### **BANK INFORMATION**

BANK	BRANCH	FAX NUMBER	TELEPHONE NUMBER
CURRENT CHECKING ACCT BALANCE	CHECKING ACCOUNT NUMBER(S)	LOAN(S) ORIGINAL BALANCE	LOAN(S) CURRENT BALANCE

## TRADE INFORMATION

COMPANY NAME	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT PERSON

The undersigned, each individually as principals and/or guarantors of the Obligor, and on behalf of the Obligor (individually and collectively "Applicant"), hereby affirms that the foregoing information contained in this Credit Application is presented for the purpose of obtaining or maintaining credit as of the date indicated and is true, complete and correct. Applicant understands Civista Leasing & Finance is relying on this statement of our financial condition in extending or continuing to extend credit to Applicant. Civista Leasing & Finance, a division of Civista Bank (Civista Leasing & Finance), its affiliates, successors or assigns is/are authorized to make any investigation of Applicant's credit either directly or through any agency employed by Civista Leasing & Finance is relying on this statement. Applicant agrees to inform Civista Leasing & Finance, immediately of any matter which will cause any significant change in Applicant's financial condition. Applicant understands that Civista Leasing & Finance will retain this application whether or not credit is granted. Civista Leasing & Finance to determine Applicant's credit or information contained in or related to it with affiliates of Civista Leasing & Finance to determine Applicant's endition or information contained in or related to it with affiliates of civista Leasing & Finance to determine Applicant's endities of Sivista Leasing & Finance to determine Applicant's endities of Sivista Leasing & Finance to determine Applicant's endities of Sivista Leasing & Finance to determine Applicant's endities of Sivista Leasing & Finance to determine Applicant's endities of Sivista Leasing & Finance to determine Applicant's Endities of Sivista Leasing & Finance to determine Applicant's endities of Sivista Leasing & Finance to determine Applicant's endities of Sivista Leasing & Finance to determine Applicant's Endities of Sivista Leasing & Finance to determine Applicant's Endities of Sivista Leasing & Finance to determine Applicant's Endities of Sivista Leasing

X	DATE:	X	DATE:
PRINTED NAME AND TITLE:		PRINTED NAME AND TITLE:	

ESTABLISHING A RELATIONSHIP WITH Civista Leasing & Finance: To help the United States Government fight terrorism and money laundering, it is our policy to request information that identifies each person or business that establishes a relationship with us. Therefore, for businesses we will ask for your business name, street address, and taxpayer identification number. For individuals we will ask for your name, street address, date of birth and social security number. We may also ask to see identifying documents. EQUALCREDIT 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 our Customer Service Manager, 680 Andersen Drive, Suite 505, Pittsburgh, PA 15220 (888-834-3278) 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 applicants 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 this creditor is the Federal Reserve Consumer Help, PO Box 1200, Minneapolis, Minnesota 55480. Toll-free number: (888) 851-1920; Fax Number: (877) 888-2520; TDD number: (877) 766-8533