

Allegiant Partners

INCORPORATED

Commercial Equipment Finance Application

900 Fourth Street, Suite 200 San Rafael, CA 94901
 Fax: 415-257-4201; Telephone: 415-257-4200
 Web site: www.allegiant-partners.com

AFTER COMPLETION, PLEASE EMAIL THIS FORM TO ALLEGIANT ALONG WITH THE REQUIRED FINANCIAL INFORMATION TO deals@allegiant-partners.com or fax to: (415) 257-4201

BUSINESS

| | | | | |
|---|--------------------------------------|--------------------------------------|--|-----------------------------|
| APPLICANT (EXACT LEGAL NAME) | | DBA | EMAIL ADDRESS | WEB SITE ADDRESS |
| STREET ADDRESS | | CITY | STATE ZIP | TELEPHONE NO. () |
| LOCATION OF EQUIPMENT | | CITY | STATE ZIP | FAX NO. () |
| TYPE OF BUSINESS | GROSS ANNUAL SALES | YEARS IN BUSINESS | YEAR UNDER CURRENT OWNER | 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 |
| DOES THE COMPANY HAVE TAX LIENS? | | HAS THE COMPANY FILED BANKRUPTCY? | | RESALE CERTIFICATE NO. |

OWNERSHIP

| | | | | |
|--|-------|---|----------------------------|--|
| PRINCIPAL #1 NAME | TITLE | % OWNERSHIP | YRS OF INDUSTRY EXPERIENCE | SOCIAL SECURITY NO. - - |
| STREET ADDRESS | | CITY | STATE ZIP | HOME & CELL TELEPHONE NO. |
| HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | I AUTHORIZE ALLEGIANT TO CHECK MY CREDIT & FINANCIAL INFORMATION. | | |
| DO YOU HAVE OUTSTANDING JUDGMENTS, TAX LIENS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | SIGNATURE OF PRINCIPAL #1: X | | |
| PRINCIPAL #2 NAME | TITLE | % OWNERSHIP | YRS OF INDUSTRY EXPERIENCE | SOCIAL SECURITY NO. |
| STREET ADDRESS | | CITY | STATE ZIP | HOME & CELL TELEPHONE NO. AA |
| HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | I AUTHORIZE ALLEGIANT TO MY CHECK CREDIT & FINANCIAL INFORMATION. | | |
| DO YOU HAVE OUTSTANDING JUDGMENTS, TAX LIENS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | SIGNATURE OF PRINCIPAL #2: X | | |

BANK

| | | | | |
|-----------------------|----------------------|---------------------|------------------------------|---------------|
| BANK NAME | CONTACT NAME | CITY | CURRENT CHECKING ACCOUNT NO. | TELEPHONE NO. |
| ACCOUNT UNDER NAME OF | CHECKING ACCOUNT NO. | SAVINGS ACCOUNT NO. | LOAN NO. | |

AFFILIATE ENTITIES

| PLEASE LIST ANY OTHER ENTITIES UNDER YOUR CONTROL | ADDRESS | TELEPHONE |
|---|---------|-----------|
| | | |
| | | |

DESIRED TERMS (Check one)

LEASE TERM IN MONTHS
 12 24 36 48 60

PURCHASE OPTION
 \$1 10 FMV

EQUIPMENT SUPPLIER

| | |
|---|-------|
| SUPPLIER NAME | |
| CONTACT | PHONE |
| EQUIPMENT COST \$ | |
| EQUIPMENT TYPE (PLEASE ATTACH EQUIP. SALES ORDER) | |

I understand this equipment application may be approved based upon my business and personal credit. I authorize Allegiant Partners Incorporated or its assignees to request financial information, check references, bank accounts and credit information.

X

 APPLICANT AUTHORIZED SIGNATURE & TITLE

 DATE