

**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 EXAMPT: <input type="checkbox"/> Yes (Attach copy of certificate)	

**PRINCIPALS / GUARANTORS**

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	SKIPS
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, Trinity, a division of Bank of the West, 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, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

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

X \_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

**Fax completed application to (800) 268-1591 – Attention: Jay Harris**