



CRESTMARK VENDOR FINANCE Credit Application

Application Date: _____
Sales Representative: Mike Ramazio, DEVP
Email Address: MiRamazio@crestmark.com
Phone Number: 561-509-3150 / 561-212-0975 Cell
Fax Number: 954-725-2746

COMPANY INFORMATION

Full Legal Company Name : _____
Contact Name: _____ Email Address: _____
Billing Street Address: _____ City: _____ County: _____ State: _____ Zip: _____
Equipment Location (if different from above): _____
Phone Number: _____ Fax: _____ Federal Tax ID#: _____ Annual Revenues: _____
Please Check: Corporation General Partnership Limited Partnership Sole Proprietorship Non-Profit LLC State or Local Government
STATE or JURISDICTION OF INCORPORATION / ORGANIZATION: _____

Nature of Business: _____
Principal/Partner/Officer: _____
Complete Home Address: _____
Home Phone#: _____ Social Security#: _____ % Ownership: _____ DOB: _____
Principal/Partner/Officer: _____
Complete Home Address: _____
Home Phone#: _____ Social Security#: _____ % Ownership: _____ DOB: _____

X
By signing, you authorize us to investigate your credit as provided below
X
By signing, you authorize us to investigate your credit as provided below

EQUIPMENT INFORMATION

Supplier Name: _____ Contact Name: _____
Lease Term (Months): _____ Estimated Equipment Cost: _____ Equipment Description: _____
End of Lease Purchase Option: Fair Market Value \$1.00 Out EFA Other: _____

TRADE REFERENCES

Company Name: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Phone Number: _____ Fax: _____
Company Name: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Phone Number: _____ Fax Number: _____

BANK REFERENCES

Bank Name: _____
Bank Address: _____ City: _____ State: _____ Zip: _____
Bank Contact Person: _____ Phone Number: _____ Account Number(s): _____

BUSINESS PURPOSE
You, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family, or household purposes, and that the information you provided is true and correct.

USA PATRIOT ACT NOTIFICATION – The following notification is being provided to you pursuant to Part 326 of the USA Patriot Act of 2001, 31 CFR 103.121(b)(5):
IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ECOA Notice
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 Credit Disclosure Administrator, Crestmark Vendor Finance, a division of MetaBank®, 5480 Corporate Drive, Suite 350, Troy, MI 48098, or phone (248) 593-3900, 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. 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 this creditor is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assistance Group, 1301 McKinney St., Suite 3450, HOUSTON, TX 77010-9050.

RELEASE & AUTHORIZATION

To Whom It May Concern: I authorize and request you to release information concerning my personal or business credit standing for this Credit Application, any renewals or future extensions of credit, or for review or collection of any resulting account. I authorize Crestmark Vendor Finance, to share any such credit reports with its affiliates, assignees and potential funding partners.

Authorized Signature: **X** _____ Name and Title: _____ Date: _____



Crestmark Vendor Finance

5480 Corporate Drive, Suite 350 | Troy, MI 48098

p 248.593.3900