

BUSINESS INFORMATION EQUIPMENT FINANCE APPLICATION

BUSINESS NAME (EXACT LEGAL NAME)								
PRIMARY BUSINESS STREET ADDRESS (NO P.O. BOXES)					CITY	STATE	ZIP	FEDERAL TAX ID NO. / EIN (REQUIRED)
PHONE NO.	CELL NO.		FAX NO.			EMAIL		
BUSINESS DESCRIPTION (DETAIL BUSINESS ACTIVITIES—WHAT DOES YOUR COMPANY DO?)				YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP	PREVIOUS YEAR GROSS ANNUAL SALES (REQUIRED) \$		
BUSINESS TYPE <input type="checkbox"/> CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOV'T/MUNI <input type="checkbox"/> OTHER					TAX EXEMPT NO. (ATTACH CERTIFICATE)			
EQUIPMENT LOCATION STREET ADDRESS (NO P.O. BOXES)				CITY	COUNTY	STATE	ZIP	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)				CITY	STATE	ZIP		

OWNERSHIP INFORMATION Required for each owner (Sole Proprietor or Managing Partner of Partnership) with an equity interest of 25% or more and each guarantor as well as any one individual with a significant ability to manage or control the entity. Use addendum if needed.

OWNER / PARTNER / MEMBER / GUARANTOR	GUARANTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.	
OWNER / PARTNER / MEMBER / GUARANTOR	GUARANTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
HOME STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.	

BANK AND SECURED LOAN OR LEASE REFERENCES Use addendum if needed for additional references.

BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.
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DEALER INFORMATION

DEALER / DISTRIBUTOR NAME	CONTACT	TELEPHONE NO.
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EQUIPMENT DESCRIPTION / TERMS OF SALE If available, provide Sales Order with equipment list and pricing details as addendum.

EQUIPMENT DESCRIPTION AND YEAR		EQUIPMENT DESIGNATION <input type="checkbox"/> NEW <input type="checkbox"/> USED	<input type="checkbox"/> LOAN <input type="checkbox"/> LEASE	TERM	END-OF-TERM OPTION <input type="checkbox"/> \$1 <input type="checkbox"/> FMV <input type="checkbox"/> OTHER	
SALES PRICE	TAXES	NET TRADE IN	DOWN PAYMENT	RENTAL CREDIT	DOC FEE	TOTAL TO FINANCE

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, 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: 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, 1625 W. Fountainhead Pkwy, 10th Floor, Tempe, AZ 85282, (800) 266-3255 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 Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.

REPORTING AND NEGATIVE INFORMATION. We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

REPRESENTATIONS, AUTHORIZATIONS, AND AGREEMENTS. This application is for the commercial or governmental lease of goods and not for any financing for personal property to be used primarily for personal, family, or household purposes. The applicant and each owner signing this application, and each guarantor (collectively, "you" or "your") authorize Takeuchi Financial Services by BMO Harris Bank N.A., BMO Harris Bank N.A. ("Bank") and its affiliates, and third parties acting for or on behalf of the Bank, and any assignees or transferees of any credit extended to you by Bank (collectively, "we" or "us"), to check credit information, references and bank accounts, and to obtain credit reports and other credit information from any credit reporting agency or credit grantor. You authorize us to hold, use, exchange, and disclose information obtained by us in connection with this application or any credit provided to you by us, and the administration of our contracts with you and, as otherwise required or permitted by law, including without limitation any of the foregoing regarding this application or your credit experience, capacity or standing, and any credit reports, financial statements, and organizational documents. If this application is approved, credit is provided by BMO Harris Bank N.A.

TCPA NOTICE: You agree that Bank, Bank affiliates, agents and service providers may monitor and record telephone calls regarding your account to assure the quality of service, and any other lawful purpose, and your voice may be used to authenticate you. You also expressly consent to Bank, Bank affiliates, agents and service providers to use written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic telephone dialing systems. You agree Bank, Bank affiliates, agents and service providers may do so using any e-mail address or any telephone number you provide to us at any time, including a number for a cellular phone or other wireless device, regardless of whether charges are incurred as a result.

CCPA NOTICE: If you are a California resident and you want to learn about the personal information the Bank and its affiliates collect, how it is used and stored, what rights you have under the California Consumer Privacy Act, or exercise privacy rights you may have, you can do so at www.BankoftheWest.com/CCPA.

By signing this application, the undersigned confirms that the undersigned has read and understands this application and that the information provided in connection with this application is true, correct and complete, and authorizes Bank to rely on and use it to evaluate this application.

APPLICANT/AUTHORIZED REPRESENTATIVE/GUARANTOR SIGNATURE	TITLE	DATE
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