LFC LYNNRAY FINANCIAL CORPORATION

Equipment Leasing / Financing

CREDIT APPLICATION

[ON DIGITAL FORM, FIELDS IN RED ARE REQUIRED]

Date _____ Lessee (Legal Name and DBA) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Fed Tax ID # _____

Email Address _____

Business Type: ☐ C Corporation ☐ S Corporation ☐ Proprietorship ☐ Partnership ☐ LLC Years in Business _____

BANK REFERENCE

Bank _____ Phone _____ Contact _____

Checking Account # _____ Loan History? ☐ Y ☐ N If yes, loan(s) # _____ # _____

TRADE REFERENCES

Company _____ Phone _____ Contact _____

Company _____ Phone _____ Contact _____

SECURED REFERENCES

Company _____ Phone _____ Account # _____

Company _____ Phone _____ Account # _____

INDIVIDUAL INFORMATION

Owner Legal Name _____ SSN _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Owner Legal Name _____ SSN _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

EQUIPMENT INFORMATION

Equipment Description _____

Vendor _____ Contact _____ Cost _____

Vendor Phone _____ Desired Lease Term ☐ 24 ☐ 36 ☐ 48 ☐ 60 ☐ Deferred ☐ Seasonal Skips

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lynnray Financial Corporation or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application. This is also authorization to release Bank and Company credit reference information to Lynnray Financial Corporation.

Signed _____ Title _____

Signed _____ Title _____

FAX 770-263-3775 • PHONE 800-535-4138 • EMAIL blassiter@lynnrayfinancial.com