



EQUIPMENT FINANCE CREDIT APPLICATION

APPLICANT INFORMATION

Legal Business Name		Years in Business	
Business Street Address		Federal ID #	
City/County/State/Zip		Phone	
Principal #1	% Ownership	Principal #2 (if applicable)	% Ownership
Home Street Address		Home Street Address	
City, State ZIP		<input type="checkbox"/> Proprietorship Date of Inc. : <input type="checkbox"/> Limited Liability State of Inc.: <input type="checkbox"/> Corporation S or C Corp.	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Is this a minority-owned business? Asian Black Hispanic Woman N/A Decline to Disclose <small>(If yes, select all that apply. If Other, indicate below)</small>			
Other:			

INSURANCE INFORMATION

Insurance Agency:	Phone Number:	Fax Number:
Contact Person:	Email Address:	

EQUIPMENT / VENDOR INFORMATION

Equipment Description	Estimated Cost	Loan Amount Requested
Vendor Name	Address	Phone

REFERENCES

Bank Name	Contact Person	Account#	Phone
Lender	Contact Person	Account #	Phone
Lender	Contact Person	Account #	Phone
Work or Trade References (Company, Contact Person, Account #)			No. Phone

Are there any suits, judgments or tax liens against the Applicant or any of the above listed individuals, or has the Applicant or any of the above listed individuals ever declared bankruptcy? Yes ___ No ___ If yes, please explain on a separate page.

Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less? Yes ___ No ___
If you answered yes and your request is denied, you have the right to receive a written statement of the specific reason for this denial. To obtain the statement, please contact us in writing at the following address: One Florida Bank, 1110 Douglas Ave. Suite 1018, Altamonte Springs, FL 32714 within 60 days from the date you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

AUTHORIZATION

Applicant hereby requests that One Florida Bank review its application for a loan or lease financing (the "Credit Facility"). The undersigned are principals of the Applicant and/or may become personal guarantors of Applicant's obligations to One Florida Bank or any assignee thereof, and hereby authorize One Florida Bank to obtain and review credit information pertaining to the Applicant and each of the undersigned individuals. This authorization shall extend to obtaining credit information such as trade, bank or bonding company references, and/or credit profile(s) in connection with the review and consideration of Applicant's request to obtain a Credit Facility and subsequently for the purposes of updating, renewing or extending any such Credit Facility granted or for granting additional Credit Facilities, and for reviewing or collecting any resulting account. A photostat or facsimile copy of this authorization letter shall be deemed to be valid as the original. By signing below, the undersigned hereby affirms his/her identity as the individual whose printed name appears above, and who are identified in the above application for a Credit Facility.

X

Signature – Principal #1	Title	Date
X		
Signature – Principal #2	Title	Date

NOTICE: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires Financial Institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you apply to open an account or to add any additional service, we will ask you for your name, address, and taxpayer ID number and other information that will allow us to identify you. We may also ask to see other identifying documents.
 NOTICE: The federal Equal Credit Opportunity Act (ECOA) 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: Division of Depositor and Consumer Protection, National Center for Consumer and Depositor Assistance; Federal Deposit Insurance Corporation, 1100 Walnut Street, Box #11, Kansas City, MO 64106

Submit Completed Application to:

One Florida Bank
1110 Douglas Ave. Suite 1018
Altamonte Springs, FL 32714
Ph: 904-638-4443 Fax: 407-805-0234
Email:efcustomerservice@onefloridabank.com