



EQUAL OPPORTUNITY ACT: 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 Director of Credit – Materials Handling and Construction Unit, De Lage Landen Financial Services, Inc., 1111 Old Eagle School Road, Wayne, PA 19087 (610-386-5000) 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, 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 the law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C., 20590.

COMPANY INFORMATION

Applicant Company Name _____

Applicant Company Address _____

Applicant Company City/State/Zip _____

Primary Contact Name _____ Phone Number (____) _____

Nature of Business _____ Years in Business _____ Number of Employees _____

Principal _____ Soc. Sec. No. _____

Home Address _____ Date of Birth _____

TYPE OF BUSINESS

PROPRIETORSHIP

PARTNERSHIP

CORPORATION

Taxpayer ID Number

State of Incorporation

When Incorporated

BANK AND CREDIT INFORMATION

Bank Reference _____	Account Officer _____	Phone Number _____
Address City/State/Zip _____	Checking Acct. No. _____	Other Acct. No. (Type) _____
Bank Reference _____	Account Officer _____	Phone Number _____
Address City/State/Zip _____	Checking Acct. No. _____	Other Acct. No. (Type) _____
Secured Credit References _____	Contact Person _____	Phone Number _____
Secured Credit References _____	Contact Person _____	Phone Number _____
Secured Credit References _____	Contact Person _____	Phone Number _____

TRANSACTION INFORMATION

Equipment Description _____	Term: _____	SALE PRICE _____
Serial Number _____	No. of months _____	ATTACHMENTS _____
Attachment(s) Description _____	Hours Operated _____	ATTACHMENTS _____
Trade-in(s) Description _____		NET TRADE-IN (_____) _____
Transaction Type: <input type="checkbox"/> Retail Installment <input type="checkbox"/> Equipment Lease <input type="checkbox"/> Used Equipment		DOWN PAYMENT (_____) _____
IF EQUIPMENT LEASE: Stated Purchase Option \$ / % _____ or FMV _____		TAXES _____
Payment Plan: <input type="checkbox"/> Level Pay <input type="checkbox"/> Skip Payments <input type="checkbox"/> Accelerated		FEES, ETC. _____
Credit Insurance: <input type="checkbox"/> (Y / N) Physical Damage Insurance: <input type="checkbox"/> (Y / N)		INSURANCE _____
Insurance Company _____ Agent _____		TOTAL AMOUNT TO FINANCE _____
Address _____ Phone (____) _____		

DISTRIBUTOR INFORMATION

Distributor Name: **A. E. Finley & Associates of TN, Inc.** Representative: **Everett D. Meador III**

Location: **Gray, TN** Phone Number: **423-349-6768** FAX: **42-349-0129**

NOTICE TO ANY PERSON, CONSUMER AGENCY, BANK INSTITUTION OR CREDITOR: TO WHOM THIS MAY CONCERN
This will be your authority and my request to you to release any information requested concerning (i) as an authorized representative of the company, the company's credit standing and (ii) as a principal of the company, my personal credit standing.

SIGNATURE: **X**

DATE