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CREDIT APPLICATION

LESSEE (Please be	sure to list exact legal name of entit	ty)			
Company		Contact		Title	
Address		City	County	State	Zip
Phone	Fax	Email Address Number		Number of E	mployees
Type of Business (Proprietorship, Partnership, Corp., S Corp., LLC)		State of Incorporation		Federal Tax ID Number	
Years in Business	Under Current Ownership Since	Annual Sales		Tax Exempt (Y/N)	
EQUIPMENT DESCR	IPTION (Attach separate list if nece	essarv)			
Manufacturer	Description (Model # and Type)	, ,		New/Used (i	f used, year?)
Equipment Cost	Down Payment	Lease Term		Purchase Option	
Vendor	Contact	Phone		Delivery Date	
	if different than above):				
PERSONAL INFORMATION ON OFFICERS, PARTNERS Name % Ownership		OR OWNERS (Attach separate list if nec Title DOB:		Social Security Number	
	70 OWNERSHIP	Title		000141 00041	TY Wallioti
Home Address		City		State	Zip
Name	% Ownership	Title	DOB: Social Security Number		
Home Address		City		State	Zip
COMPANY BANK RE	FERENCES (Attach separate list if r	necessary)			
Name of Bank/Branch	Checking Account#	Years	Contact	Phone	Fax
Name of Bank/Branch	Savings Account #	Years	Contact	Phone	Fax
	RY (Attach separate list if necessar	-			
Name of Finance Co.	Account#	Years	Contact	Phone	Fax
Name of Finance Co.	Account#	Years	Contact	Phone	Fax
WORK REFERENCES	5 - LIST AT LEAST 2 MAJOR CUSTO	MERS (Attach se	parate list if necessa	ry)	
Name	City/State	% of Work	Contact	Phone	
Name	City/State	% of Work	Contact	Phone	
financial information to Mitsu any other information accor references listed above rele authorize Mitsubishi HC Cap	d hereby certifies that the information provided in the bishi HC Capital America, Inc., its agents and assign mpanying this application, including but not limit hase requested credit and financial information arbital America, Inc. to execute/file any UCC filing star owners, partners, members, guarantors, etc. the	gns, and/or any credit b ted to consumer credi s part of said investigatement on behalf of my	ureau or other investigative age t reports on the undersigned ation. As the undersigned, a company. A copy is valid as a	ency to investigate the . The undersigned on nd an authorized ago n original signature. (F	references, statements and/or expressly authorizes that the ent of my company, I hereby Please provide the authorized
Signature:	Title	e:		Date:	
Signature:	Title	: Date:			

EQUAL CREDIT 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 Credit Disclosure Administrator, at the above address within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for 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 applicants 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 the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.