

Please Mail, Fax or E-Mail to: 2005 Market St, 14th Floor Philadelphia PA 19103

Phone: Fax: 800-540-9504

E-mail:

| | | | | | APP | LICANT I | INFORMATION | | | |
|---|---------------|------------|----------|------------------------|-----------------------|----------------------|--|----------------|-----------------|---------------------------|
| Contact Name: | | | | | | E-Mail: | | | | |
| Legal Name of Applicant: | | | | Year Business Started: | | | | | | |
| Cell Phone: | | | | | | Website: | | | | |
| Annual Sales: | | | | | | Number of Employees: | | Tax I.D. #: | | |
| Business Address: | | | | | | | | | | |
| Type of Business (circle one): Proprietorship Partr | | | | nership | Corporation | LLC Non-Profit | | Non-Profit | | |
| Owner 1: | | | | | Title/% Owned: SSN #: | | | | | |
| Home Address: | | | | Date of Birth: | | | | | | |
| Owner 2: | | | | | | Title/% Ov | wned: | SSN #: | | |
| Home Address: | | | | | | Date of Birth: | | | | |
| | | | | | EQU: | IPMENT I | INFORMATION | | | |
| Equipment Description: | | | | | | Equipment Cost: \$ | | | | |
| Term (circle one): | 12 | 24 | 36 | 48 | 60 | | Purchase Option (circle one): | \$1 | 10% | FMV |
| Budgeted Monthly Pa | yment: \$ | | | | | | | | | |
| | | | | | | AUTHOR | RIZATION | | | |
| The undersigned individu | ual(s) is/are | either (a) | an owner | , principal | or sole prop | rietor of the | business specified above (the "Applica | nt"), or (b) a | personal guaran | tor of the Applicant. The |

The undersigned individual(s) is/are either (a) an owner, principal or sole proprietor of the business specified above (the "Applicant"), or (b) a personal guarantor of the Applicant. The undersigned hereby authorizes LEAF and its assigns (together "LEAF") to obtain and review consumer credit reports on the undersigned individual(s), from time to time, as may be needed in LEAF's sole discretion, in the initial credit evaluation and/or any subsequent review, including in connection with subsequent requests for credit or lease services.

| Principal, Partner, Proprietor or Guarantor | DATE: | Principal, Partner, Proprietor or Guarantor | DATE: |
|---|-------|---|-------|
| x | | × | |
| x | | x | |

NOTICE

If your application for business credit is denied, you may be entitled to a written statement of the specific reasons for the denial. To request the statement, please contact LEAF at: One Commerce Square, 2005 Market Street, 14th Floor, Philadelphia, PA 19103, Attn: Credit Dept. within 60 days from the date you are notified of LEAF's decision. LEAF 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 agencies that administer compliance with this law concerning this creditor are the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, DC 20006 and the Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.

MIS 30: 10-2-2020