

Credit Application

W: www.mckequipmentfinance.com. E: contact@mckequipmentfinance.com P: 877-502-7082 | F: 973-579-4145

Company/Practice Legal Name		DBA (Alternate na	DBA (Alternate name) Federal Tax ID # (Required)		
Street Address		City	State	Zip Code	
Equipment Location (if different from above):		City	State	Zip Code	
Mailing Address (if different from Street Address)		City	State	Zip Code	
Fax Number	Contact Person's Name	Contact Person's Titl	e Contact's E-	Contact's E-Mail Address	
Phone Number	Nature of Business/Specialty		Years in Business	Business Structure	
Number of Shareho	olders/Members/Partners Website U	JRL Address:			
Name:			Ownership percentage:		
Name:			Ownership percentage:		
Name:			Ownership percentage:		
		Transactional Info	rmation		
Total \$ Line Requ	ested	Lease Term (months)	Purchase Option		
Description of Equi	ipment, Software and Services				

Equipment Supplier Name and Address

*If available, please attach vendor quote(s), proforma invoice(s), or invoice(s).

Personal Guarantor Information (Complete if the credit application is being submitted with a proposed personal guaranty)				
Name #1	Social Security Number	Date of Birth		
Home Address	City	State	Zip Code	
Name #2	Social Security Number	Date of Birth		
Home Address	City	State	Zip Code	

You consent to the investigation of your credit in conjunction with this application. You agree to provide financial statements, tax returns, etc., as we deem necessary to review this application. You warrant that the information submitted to us is true and correct. You hereby authorize us or our designee(s) to obtain further information concerning your credit standing from any credit bureau, your references, or any other person and that such information and reports may be shared by us with and amongst our affiliates. You further hereby authorize us to perform any other type(s) of background checks we deem necessary. The foregoing applies during the term of any resulting business arrangement between us and you ("Arrangement") and such investigations, information, reports, and background checks may be obtained by us from time to time during such Arrangement. I acknowledge receipt of the attached Equal Credit Opportunity Act notice.

X		
Personal Guarantor	Signer's Printed Name and Title	Date Signed
v		

Equal Credit Opportunity Act Notice

If your application for business credit is denied, you have a right to a written statement of the specific reasons for the denial. To obtain the statement, please contact McKinley Equipment Finance LLC within 60 days from the date you are notified of our decision. Our mailing address is:

McKinley Equipment Finance LLC 33-C Wilson Drive Sparta, NJ 07871

Our telephone number is 973-579-4144.

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, gender, 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 this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.

Applicant: Please retain for your records