

0 Down Finance, L.L.C.

Conventional and Lease Financing

PO Box 1050, Townsend, MT 59644 Phone 406-461-0097 Fax 406-458-6598

www.0downfinance.net

Equipment Financing Application

Applicant:
Company Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ TAX ID# _____

Yrs in business _____ Check One: Corporation _____ Partnership _____ Sole Proprietor _____ LLC _____ Other _____

Type of Equipment:

Sellers Name & Phone: _____ Amount to be Financed) \$ _____ Term _____ (mos).

Complete Description: _____

(Please Attach Invoices or Proposals If Available)

Principle Owners or Guarantors, Please complete the following:

Name _____ Social Security Number _____

Address _____ City, State _____ Zip _____

Phone _____ Percent of ownership _____ Bankruptcy in the last 10 years? YES [] NO []

Name _____ Social Security Number _____

Address _____ City, State _____ Zip _____

Phone _____ Percent of ownership _____ Bankruptcy in the last 10 years? YES [] NO []

Business Banking Information:

Bank Name _____ Account Number _____

Address _____ City, State _____ Zip _____

Contact _____ Phone Number _____ Checking [] Savings []

CREDIT AUTHORIZATION

The undersigned certifies that the above information given for the credit purposes is true and correct. I/We authorize 0 Down Finance, L.L.C. and its assignees, agents or nominees to make any necessary credit inquiries deemed proper in connection with this finance application. I/We authorize and instruct any person or consumer-reporting agency to compile and furnish to 0 Down Finance, L.L.C. and its assignees, agents or nominees any information that it may have or obtain in response to such credit inquiries and agree that such information, along with the application, shall remain the property of 0 Down Finance, L.L.C. and its assignees whether or not the financing is approved.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATURAL ORIGIN, SEX, MARITAL STATUS, OR AGE (PROVIDED THE APPLICANT HAS CAPACITY TO ENTER INTO A BINDING CONTRACT); 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 IS THE: FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580

Applicant Signature

Applicant Signature

Printed Name

Printed Name

Title / Date

Title / Date

NOTE: Use full legal name(s). Signature(s) must be only those of duly authorized corporate officer, partner, or proprietor, with title indicated.