



| COMPANY INFORMATION  |                    |  |                                |
|--|--------------------|--|--------------------------------|
| Full Legal Business Name:  |                    | D.B.A.:  |                                |
| Street Address:  |                    | Year Established: (M/D/Y)  |                                |
| City/State/Zip:  |                    | Phone: (       )   |                                |
| Contact/Title:   |                    | Contact's E-mail:  |                                |
| Type Of Business:  |                    | Web:   |                                |
| Ownership: <input type="checkbox"/> Sole Proprietorship    Partnership Type: <input type="checkbox"/> Limited <input type="checkbox"/> General <input type="checkbox"/> LLP    Corporation Type: <input type="checkbox"/> "C" Corp <input type="checkbox"/> "S" Corp <input type="checkbox"/> LLC  |                    |  |                                |
| Corporate Secretary (if applicable):   |                    | Federal Tax Id. #:   | State of Inc. (if applicable): |
| Full Name Of Person Authorized To Negotiate This Transaction:  |                    | E-mail:  |                                |
| OWNER/PRINCIPAL/MAJOR SHAREHOLDERS/GUARANTOR INFORMATION   |                    |  |                                |
| #1 Name:   |                    | #2 Name:   |                                |
| Title:   |                    | Title:   |                                |
| Social Security #:   |                    | Social Security #:   |                                |
| % Ownership:   |                    | % Ownership:   |                                |
| Cell Phone: (       )  |                    | Cell Phone: (       )  |                                |
| E-mail:  |                    | E-mail:  |                                |
| Street Address:  |                    | Street Address:  |                                |
| City/State/Zip:  |                    | City/State/Zip:  |                                |
| Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent    How Long?   |                    | Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent    How Long?                 |                                |
| Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                    | Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                |
| Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    | Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No           |                                |
| Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                    | Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| BANK REFERENCES  |                    |  |                                |
| Name:  | Contact Name/Title | Phone/Fax  | E-mail                         |
| Address:   |                    | Account Number   | Account Number                 |
| Name:  | Contact Name/Title | Phone/Fax  | E-mail                         |
| Address:   |                    | Account Number   | Account Number                 |
| TRADE/NON BANK FINANCING REFERENCES – PLEASE LIST AT LEAST THREE   |                    |  |                                |
| Name:  | Contact Name/Title | Phone/Fax  | E-mail                         |
| Address:   |                    | Account Number   | Account Number                 |
| Name:  | Contact Name/Title | Phone/Fax  | E-mail                         |
| Address:   |                    | Account Number   | Account Number                 |
| Name:  | Contact Name/Title | Phone/Fax  | E-mail                         |
| Address:   |                    | Account Number   | Account Number                 |
| INSURANCE AGENCY INFORMATION   |                    |  |                                |
| Name:  |                    | D.B.A.:  |                                |
| Agent's Name:  |                    | Phone: (       )   | Fax (       )                  |
| EQUIPMENT DESCRIPTION  |                    |  |                                |
| Make/Model   |                    |  | Total Estimated Cost \$        |
| AUTHORIZATION  |                    |  |                                |
| - Equipment Funding arranged through Ford Financial Services, Inc., a California based Corporation -   |                    |  |                                |
| I/we hereby authorize Ford Financial Services, Inc. ("FFSI") or any credit bureau or other investigative agency employed by FFSI to investigate the references herein listed or statements or other data obtained from me/us or from any other person or organization pertaining to my/our credit and financial responsibility. I/we further authorize each bank reference and each trade reference to provide FFSI with any requested information on the account(s) itemized in this Credit Application and each bank reference and each trade reference is authorized to release such information over the phone, by fax or by e-mail to FFSI. I/we understand that all information submitted to and/or compiled by FFSI shall become the sole property thereof. |                    |  |                                |
| <b>The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Ford Financial Services, Inc. ("FFSI"), and/or its employee(s), agent(s) and/or assignee(s), to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.</b>  |                    |  |                                |
| #1 SIGNATURE: _____  |                    | #2 SIGNATURE: _____  |                                |
| TITLE: _____ DATE: _____   |                    | TITLE: _____ DATE: _____   |                                |
| <b>* PLEASE E-MAIL OR FAX THIS DOCUMENT TO: INFO@FFSIUSA.COM OR (760) 944-9759 *</b>   |                    |  |                                |