

CREDIT APPLICATION

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EXACT LEGAL NAME OF BUSINESS ENTITY	r ("Obligor")			TE	LEPHONE NUMBER
ADDRESS (STREET)		(CITY)	(STATE)	(C0	DUNTY) (ZIP CODE)
NATURE OF BUSINESS		FAX NUMBER		FE	D. TAX NO.
WEBSITE ADDRESS	GROSS ANNUAL RE	EVENUES	DATE BUSINESS ESTABLISHED (m	m/yyyy)	DATE CURRENT OWNERSHIP (mm/yyyy)
BUSINESS STRUCTURE E State of Organization:	PROPRIETORSHIP		□ S-CORP □ C-CORP □	LLP 🗆	LLC 🗆 TRUST

OWNERS, PARTNERS, GUARANTORS (ATTACH SEPARATE SHEET IF NECESSARY)

PRINCIPAL'S NAME		TITLE		% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN HOME	MOBILE PHONE NO.
					□ RENT	
ANNUAL SALARY	US CITIZEN	EMAIL ADDRESS				
\$	□ NOT US CITIZEN					
PRINCIPAL'S NAME		TITLE		% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	□ OWN HOME	MOBILE PHONE NO.
					□ RENT	
ANNUAL SALARY	US CITIZEN	EMAIL ADDRESS				
\$						
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EQUIPMENT INFORMATION

VENDOR/EQUIPMENT DESCRIPTION: YEAR, MAKE, MODEL NEW USED	EQUIPMENT COST	CASH DOWN/TRADE	AMOUNT TO FINANCE/LEASE
FINANCING/LEASE STRUCTURE	FINANCE/LEASE TERM	ADDITION REPLACEMENT	DELIVERY DATE
\$1.00 LEASE 🔲 10% PUT 🔲 FMV LEASE 🔲 LOAN 🗆	24 36 48 60		
LOCATION OF EQUIPMENT (STREET)	(CITY)	(STATE, COUNTY)	(ZIP CODE)

BANK INFORMATION

BANK	BRANCH	FAX NUMBER	TELEPHONE NUMBER
CURRENT CHECKING ACCT BALANCE	CHECKING ACCOUNT NUMBER(S)	LOAN(S) ORIGINAL BALANCE	LOAN(S) CURRENT BALANCE

TRADE INFORMATION

COMPANY NAME	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT PERSON

The undersigned, each individually as principals and/or guarantors of the Obligor, and on behalf of the Obligor (individually and collectively "Applicant"), hereby affirms that the foregoing information contained in this Credit Application is presented for the purpose of obtaining or maintaining credit as of the date indicated and is true, complete and correct. Applicant understands Vision Financial Group, Inc. is relying on this statement of our financial condition in extending or continuing to extend credit to Applicant. Vision Financial Group, Inc., its affiliates, successors or assigns is/are authorized to make any investigation of Applicant's credit either directly or through any agency employed by Vision Financial Group, Inc. for that purpose. Vision Financial Group, Inc. may disclose to any other interested parties our experience with this account. Applicant agrees to inform Vision Financial Group, Inc. immediately of any matter which will cause any significant change in Applicant's financial condition. Applicant understands that Vision Financial Group, Inc. will retain this application whether or not credit is granted. Vision Financial Group, Inc. may share this application or information contained in or related to it with affiliates of Vision Financial Group, Inc. to determine Applicant's eligibility for other products or services offered by Vision Financial Group, Inc.'s affiliates, unless you write to Vision Financial Group, Inc., at 615 Iron City Drive, Pittsburgh, PA 15205 to advise that you do not want this information shared.

X	DATE:	X	DATE:	
PRINTED NAME AND TITLE:		PRINTED NAME AND TITLE:		