

## pathward Credit Application

Application Date:

Sales Representative:

Email Address:

Phone Number:

Fax Number:

<form>  Halpad Canquary Name: Canque Sale / Tape   Cantal: Name: Canque Sale / Canque   Billing Sonet Address: Pale and Tan Dav. Annual Jervance:   Panne Namber: Face Address: Annual Jervance:   Sonet Face Address: Annual Jervance: Annual Jervance:   Face Address: Concert / Sale of Panne Pannet Inter of Pannet   Cantal: Name: Concert / Sale of Pannet Address: Annual Jervance:   Face Address: Social Social Sociality: Non Pannet   Cantal: Name: Social Sociality: Non Pannet:   Cantal: Name: Social Sociality: Non Pannet:   Cantal: Name: Social Sociality: Non Pannet:   Face Pannet: Social Sociality: Non Pannet:   Cantal: Name: Contact Name:   Face Pannet: Social Sociality: Non Pannet:   Face Pannet: Contact Name:   Face Pannet: Face Contact Name:   Cantal: Name: Face:   Cantal: Name: Face:   Cantal: Name: Face:   Cantal: Name: Face:   Cantal: Name: Face: <!--</th--><th>COMPANY INFORMATI</th><th>ION</th><th></th><th></th><th></th><th></th><th></th><th></th></form>	COMPANY INFORMATI	ION						
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Besc Check Corporation General Partnership Limited Partnership Sole Proprietorship Non-Profit LLC State or Local Government   STATE or UNISDICTION OF INCORPORATION / ORGANIZATION:   OTHER LOCATION'S (intra-induction dates if incensary):   Principal/Partner/Officer:   Compare Home Address:   Home Phones:   Social Scoutity: % Ownership: DOB:   Principal/Partner/Officer:   Compare Home Address:   Home Phones: Social Scoutity: % Ownership:   DOB:   Pay Signing, you authorize us to investigate your credit as prov   Province Mathewice Social Scoutity:   State: Contact Name:   Ease Trem (Months): Etimated Equipment Cost:   Company Address: City:   State: Zip:   Contact Name: Pione Number:   Contact Name: Pione Number:   Ease Conduct Proces Pione Number:   Rank Name: Pione Number:   Rank Address: City:   State: Zip:   State: Zip:   State: Zip:   State: Zip:   Contact Name: Pione Numbe	Equipment Location (if different fro	om above):						
TATE or JUNISDICTION OF INCORPORATION / ORGANIZATION: THE JUNISDICTION OF INCORPORATION Social Soci	Phone Number:	Fax:	Federal Tax ID#:	Nature of Business:		Ann	ual Revenue:	
THER LOCATIONS (statch additional sheets if secensary):  Principal Partner/Officer: Complete Home Address: Principal Partner/Officer: Company Address: Company Ad	Please Check: Corporation	General Partnership	Limited Partnership	Sole Proprietorship	Non-Profit	LLC	State or Local Gover	nment
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Samplete Home Address: Social Security?: % Ownership: DOB:   Thinkpall/Pattner/Officer: Social Security?: % Ownership: DOB:   Thinkpall/Pattner/Officer: Social Security?: % Ownership: DOB:   Topplete Home Address: Social Security?: % Ownership: DOB:   Sequement Description: Status of Total Cash Price Other:   CRADE REFERENCES State: Zip:   Company Address: City: State: Zip:   Company Address: City: State: Zip:   Contact Name: State: Zip:   Contact Name: State: Zip:   Contact Name: Fax: State: Zip:   Contact Name: City: State: Zip:   Contact Name: Fax: State: Zip:   State Name: City: State: Zip:   State Contact Name: Fax: State: Zip:   State Contact Name: Fax: State: Zip:   State Name: City: State: Zip:   State Contact Name: Fax: State: Zip:   State Contact Name: Fax: State: Zip:   State Contact Name: Fax: State: Zip:   State Contact Name: <td>OTHER LOCATIONS (attach additi</td> <td>onal sheets if necessary):</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	OTHER LOCATIONS (attach additi	onal sheets if necessary):						
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Inter Phone? Social Scarnity? % Ownership: DOR: By staging, you authorize us to investigate your ceedit as prov   GUPPMENT INFORMATION   applier Name:   case: Term (Months): Estimated Equipment Cost: Equipment Description:   ind of Lase Parchase Option: Bin Merket Value Bi.00 Out Bi.00 Ott   CROPE REFERENCES   Campany Address: City: State: Zip   Company Address: City: State: Zip   Contact Name: Phone Number: Fax:   Company Address: City: State: Zip   Contact Name: Phone Number: Fax:   Contact Name: City: State: Zip   Contact Name: Phone Number: Fax: Zip:   Contact Name: Phone Number: Fax: Zip:   Contact Name: City: State: Zip:   Contact Name: City: State: Zip:   Contact Name: Phone Number: Fax: Zip:   State: City: State: Zip:   Contact Name: Phone Number: Account Number(s): With Number(s):   WINNES VEINES VEINES Phone Number: Account Number(s): With Number(s):   State: City: State: Zip:   S	rincipal/Partner/Officer:							
Inter Phone? Social Security? % Ownership: DOR: By signing, you authorize us to investigate your ceedit as provide of the pr	Complete Home Address:				X			
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asser Term (Months):       Estimated Equipment Cost:       Equipment Description:         ind of Lease Purchase Option:       Fair Market Value       \$1.00 Out       \$6 of Total Cash Price       Other:         "RADE REFERENCES       City:       State:       Zip:         Company Address:       City:       State:       Zip:         Company Address:       City:       State:       Zip:         Company Address:       City:       State:       Zip:         Contact Name:       Phone Number:       Fax:         Contact Name:       Phone Number:       City:       State:       Zip:         Contact Name:       Phone Number:       Account Number(s):       WINNESS PURPOSE         Sank Address:       City:       State:       Zip:         Contact Person:       Phone Number:       Account Number(s):       WINNESS PURPOSE         So the cold applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family, or household purposes, and that the information that identifies each person whoopers an account.         SS PATIEDT ACT NOTTIFICATION The following notification is bein	QUIPMENT INFORMA	TION		i				
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Ind of Lesse Purchase Option:    Fair Market Value    \$1.00 Out    % of Total Cash Price    Other:		Estimated Equipment Ce	ost:	Equipment Description:				
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Company Address: City: State: Zip: Contact Name: Phone Number: Fax: Company Name: Company Address: City: State: Zip: Company Address: City: State: Zip: Contact Name: Phone Number: Fax: Company Address: City: State: Zip: Contact Name: Fax: City: State: Zip: Contact Name: Phone Number: Fax: Company Address: City: State: Zip: Contact Name: Phone Number: Fax: City: State: Zip: Contact Name: Phone Number: Account Number(s): State: Zip: Contact Name: City: State: Zip: Contact Name: City: State: Zip: Contact Name: City: State: Zip: Contact Person: Phone Number: Account Number(s): SUSNESS FURPOSE Contact Person: Phone Number: Account Number(s): State: City: State: City: State: City:								
City:       State:       Zip:         Company Address:       Phone Number:       Fax:         Company Name:       City:       State:       Zip:         Company Address:       City:       State:       Zip:         Company Address:       City:       State:       Zip:         Company Address:       Phone Number:       Fax:       BANK REFERENCES         Sank References       City:       State:       Zip:         Sank Address:       City:       State:       Zip:         ank Address:       City:       State:       Zip:         out, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family, or household purposes, and that the information you provided is true and correct.       SA PATROT ACT NOTIFICATION - The following notification is being provided to you pursuant to Para 326 of the USA Patriot Act of 2001, 31 CFR 103.124(b)(5):         MPROTATI TINERMATTION ADDUT PROCEDURES FOR DPENNENG A EWA ACCONT       To being the government fight the funding of reroorism and monsy laundering activities, Rederal law requires all financial in stitutions to obtain, verify, and record information that identifies each person whoe opens an account, Induding any deposite account, Ioan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identified the application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. T	Company Name:							
Company Name: Company Address: Company Address: Company Address: Company Address: Contact Name: Phone Number: Fax: Contact Name: Contact Name: Company Address: Contact New Contact Person: Phone Number: Account Number(s): Contact New Proce Contact New Phone Number:	* *			City:		State:		Zip:
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Phone Number: Fax: ANK REFERENCES ANK REFERENCES Ank AREFERENCES Ank AREFERENCES Ank Address: City: State: Zip: Ank Address: City: State: Zip: City: C	ompany Name:							
ANK REFERENCES ank Name: ank Address: City: State: Zip: ank Contact Person: Phone Number: Account Number(s): USINESS VUROSE ou, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family, or household purposes, and that the information you provided is true and correct. SA PATRIOT ACT NOTIFICATION - The following notification is being provided to you pursuant to Part 326 of the USA Patriot Act of 2001, 31 CFR 103.121(b)(5): WFORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT ohelp the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an accour fast this means for you: When you open an account, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identifie fe may also ask to see your driver's license or other identifying documents. COA Notice your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, for feederal Equal Credit Opportunity Act prohibits credits papicants on the basis of race, color, religion, national origin, see, marital state rovided 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 givt under the Consume Credit application, any renewals or future extensions of credit, or for review or lactions for the you open and count, it was administers compliance with this law concerning this credit application, any renewals or future extensions of credit, or for review or lat this means for you: Have May Concern: I authorize Pathward Equipment Finance to share any such credit reports with its affiliates, assignces and potentia	Company Address:			City:		State:		Zip:
AANK REFERENCES Aank Name: Aank Address: City: State: Zip: Aank Address: City: State: Zip: Zip: State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip	* '			•		Fax:		
ank Address: City: State: Zip: ank Contact Person: Account Number(s): USINESS PURPOSE ou, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family, or household purposes, and that the information you provided is true and correct. (SA PATRIOT ACT NOTIFICATION - The following notification is being provided to you pursuant to Part 326 of the USA Patriot Act of 2001, 31 CFR 103.121(b)(5): MPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT (We may also ask to see your driver's license or other identifying documents. (COA Notice 'your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, Equipment Fir 480 Corporate Drive, Suite 350, Troy, MI 48098, or phone (28) 593-3900, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, Equipment Fir 480 Corporate Drive, Suite 350, Troy, MI 48098, or phone (28) 593-3900, within 60 days from the date you are notified of our decision. We will send you a written statement of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised git under the Consumer Credit Protection Act. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital state rouy, 1301 McKinney St., Suite 3450, HOUSTON, TX 77010-9050.								
Phone Number: Account Number(s): Account Number(s): NUSINESS PURPOSE You, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family, or household purposes, and that the information you provided is true and correct. ISA PATRIOT ACT NOTIFICATION - The following notification is being provided to you pursuant to Part 326 of the USA Patriot Act of 2001, 31 CFR 103.121(b)(5): MPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT Yo help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identify for your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, Equipment Fir 480 Corporate Drive, Suite 350, Troy, MI 48098, or phone (248) 593-3900, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 da cectiving 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, sex, marital stat provide the consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assist arroup, 1301 McKinney St., Suite 3450, HOUSTON, TX 77010-9050. <b>RELEASE &amp; AUTHORIZATION</b>	Bank Name:							
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MPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING Å NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an accourt What this means for you: When you open an accourt, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identify We may also ask to see your driver's license or other identifying documents. WOA Notice f your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, Equipment Fin 480 Corporate Drive, Suite 350, Troy, MI 48098, or phone (248) 593-3900, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days frough application 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, sex, marital stat provided the applicant has the capacity to enter into a binding contracty; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised ight under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assist rough, 1301 McKinney St., Suite 3450, HOUSTON, TX 77010-9050. <b>RELEASE &amp; AUTHORIZATION</b> To Whom It May Concern: I authorize and request you to release information concerning my personal or business credit standing for this Credit Application, any renewals or future extensions of credit, or for review or ollection of any resulting account. I authorize Pathward Equi							provided is true and correct.	
What this means for you: When you open an account, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identify the may also ask to see your driver's license or other identifying documents. COA Notice Fyour application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, Equipment Fir 480 Corporate Drive, Suite 350, Troy, MI 48098, or phone (248) 593-3900, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 day cerving 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, sex, marital stat 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 ight under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assist aroup, 1301 McKinney St., Suite 3450, HOUSTON, TX 77010-9050. <b>RELEASE &amp; AUTHORIZATION</b> To Whom It May Concern: I authorize and request you to release information concerning my personal or business credit standing for this Credit Application, any renewals or future extensions of credit, or for review collection of any resulting account. I authorize Pathward Equipment Finance to share any such credit reports with its affiliates, assignees and potential funding partners.				nt to Part 326 of the USA Patri	ot Act of 2001, 31 CFR	103.121(b)(5):		
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Fyour application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, Equipment Fir 480 Corporate Drive, Suite 350, Troy, MI 48098, or phone (248) 593-3900, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 da ceciving 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, sex, marital stat 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 ight under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assist iroup, 1301 McKinney St., Suite 3450, HOUSTON, TX 77010-9050.								
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5480 Corporate Drive, Suite 350 | Troy, MI 48098

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