

COMPANY INFORMATION

Full Legal Company Name _____
 Contact Name _____
 Billing Street Address _____
 City/County/State/Zip _____
 Equipment Location _____ Nature of Business _____
 (if different than above) _____ Years In Business _____
 Phone Number _____ Number of Employees _____
 Fax Number _____ State of Incorporation _____
 Federal Tax ID Number _____ Date of Incorporation _____
 Organizational ID Number _____ Jurisdiction of Organization _____

Please Check: Corporation General Partnership Limited Partnership Sole Proprietorship Non-Profit LLC State or Local Government

Principal/Partner/Officer
 Complete Home Address _____
 Social Security Number _____ Home Phone Number _____

Principal/Partner/Officer
 Complete Home Address _____
 Social Security Number _____ Home Phone Number _____

EQUIPMENT INFORMATION

Supplier Name _____ Contact Name _____
 Lease Term (months) _____ Estimated Equipment Cost _____
 Equipment Description _____

End of Lease Purchase Option:

Fair Market Value \$1.00 Out _____ % of the Total Cash Price Other _____

TRADE REFERENCES - (Attach a Separate Sheet if Necessary - Please Include FAX Numbers)

Company Name _____ Phone _____
 Address _____ Fax _____
 City/State/Zip _____ Contact Name _____
 Company Name _____ Phone _____
 Address _____ Fax _____
 City/State/Zip _____ Contact Name _____

BANK REFERENCES

Bank Name _____ Contact Person _____
 Address _____ Phone _____
 City/State/Zip _____ Account Number(s) _____
 Bank Name _____ Contact Person _____
 Address _____ Phone _____
 City/State/Zip _____ Account Number(s) _____

Business 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.

ECOA Notice

If 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, Technology Investment Partners, 40950 Woodward Avenue, Suite 201, Bloomfield Hills, MI 48304, 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 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, sex, 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 Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580

Release and Authorization

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 collection of any resulting account. I authorize TIP Capital to share any such credit reports with its affiliates, assignees and potential funding partners

Authorized Signature: _____ Date: _____

Name and Title: _____