

**Equipment Finance or Lease Credit Application****Business Information**

Company Name ("Applicant"): \_\_\_\_\_ DBA/Trade Style: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Website: \_\_\_\_\_ What is the nature of the business: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Person Cell #: \_\_\_\_\_ Contact Person Email: \_\_\_\_\_  
 Yrs in Business (Present Ownership): \_\_\_\_\_ # of Employees: \_\_\_\_\_ Gross Revenue Last Fiscal Year: \_\_\_\_\_  
 Tax ID#: \_\_\_\_\_ Company Organization:  Corporation  "S" Corporation  LLC  Partnership  Proprietorship  Other: \_\_\_\_\_  
 Joint Credit (Two or more Applicants intending to apply for Credit Jointly):  No  Yes If Yes, please complete a separate credit application for each applicant  
 Bankruptcy (Corporate or Personal) in the Last 10 Years:  No  Yes If Yes, please include a detailed explanation with this application

**Equipment to be Financed or Leased** Include the detailed equipment quotation or copy of the sales contract with this application:

Equipment Make/Model/Type: \_\_\_\_\_  New  Used/Demo Yr of Mfg: \_\_\_\_\_  
 Equipment Location:  Same as Above  Other: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Equipment Price: \_\_\_\_\_ Down Payment: \_\_\_\_\_ Total to be Financed or Leased: \_\_\_\_\_  
 Requested Term: \_\_\_\_\_ Months Contract Type:  Equipment Finance Agreement  \$1.00 / \$101 Buy-Out Lease  Other: \_\_\_\_\_  
 Vendor: \_\_\_\_\_ Salesperson Cell #: \_\_\_\_\_ Salesperson Email: \_\_\_\_\_  
 Purpose of the equipment and comments on any circumstances that will favorably influence the credit risk (i.e. New contracts, new customers, management changes, process improvement etc.):  Replacement  Expansion  New Contract  New Customer  Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Principal Information** Provide full legal name(s) exactly as they appears on government issued identification. If applicant has more than two principals please complete additional credit applications:

Name of Principal #1: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Principal #2: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**By signing below, I/we certify that:** The information provided in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to which you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to which you refer this application to contact my creditors and to authorize any creditor so contacted to release to you such credit information as you may request. I further authorize you and/or entities to which you refer this application to share this application and my information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.

**Each Principal shown above must sign below, if Applicant has more than two Principals please complete additional Credit Applications:**

X \_\_\_\_\_  
 Signature of Principal #1 or a Corporate Officer                      Signer's Printed Name                      Date

X \_\_\_\_\_  
 Signature of Principal #2                      Signer's Printed Name                      Date

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR CREDIT**

**The Patriot Act:** 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 account or applies for credit. What this means for you: When you open an account or apply for credit, we will ask for your name, business address, residential address, date of birth, social security number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Thank you for your cooperation.

**DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR BUSINESS CREDIT DENIAL GIVEN AT TIME OF APPLICATION**

Creditor's Name: First Midwest Equipment Finance Co.  
 Creditor's Address: 520 North Cass Avenue  
 Westmont, IL 60559

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 us 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. Please send your request to: First Midwest, P.O. Box 9003, Gurnee, IL 60031. You also may call us at (800) 669-7527. Please include or have the following information: (i) your name; (ii) type of product applied for equipment loan or lease; and (iii) the action taken on your application.

**Notice:** 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 agencies administering compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, DC 20006 in addition to the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

**Marital Purpose:** To the extent the Applicant is a Wisconsin resident, if the debt created by this agreement is subject to Wis. Stat. § 766.55, each Principal stipulates that this debt is being incurred in the interest of that Principal's marriage or family.



# Equipment Finance or Lease Credit Application

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Hoffman Estates, IL 60192

## Business Financial Information

Projected Gross Revenues 2021: \_\_\_\_\_ Projected Net Profit or (Loss) 2021: \_\_\_\_\_

Gross Revenue 2020: \_\_\_\_\_ Net Profit or ( Loss) 2020: \_\_\_\_\_

Gross Revenue 2019: \_\_\_\_\_ Net Profit or ( Loss) 2019: \_\_\_\_\_

Gross Revenue 2018: \_\_\_\_\_ Net Profit or ( Loss) 2018: \_\_\_\_\_

If your financial statements were losses in any of the years above please explain: \_\_\_\_\_

If your financial statements show a decline in sales in any of the years above please explain: \_\_\_\_\_

Please list your top customers with the percentage of sales each represents. Are there new contracts that will affect this percentage? \_\_\_\_\_

What are your two year plans (i.e. percentage of growth) and why? \_\_\_\_\_

Are you considering acquiring any other equipment in the next 12 months?  No  Yes If Yes, what is your anticipated budget and please provide a list: \_\_\_\_\_

Please list the full legal name and address of any third-party operators other than the Applicant. Include sub-lessees or any third party who will be in control of the equipment: \_\_\_\_\_

Are the principals of the company also the management of the company?  No  Yes How long has the current management been in place? \_\_\_\_\_

How large are your facilities and how long has the business been located there? \_\_\_\_\_

Are these facilities owned, mortgaged or leased (If leased, is it from a shareholder)? \_\_\_\_\_

How many pieces of Equipment do you operate? \_\_\_\_\_

Is the Applicant or its parent company, guarantor, or any affiliate/subsidiary a publicly traded entity?  No  Yes If Yes, on what exchange? \_\_\_\_\_

Please list all countries in which the Applicant and its affiliates/subsidiaries conduct activities or have assets located: \_\_\_\_\_

Will any equipment to be financed or leased be located or operated outside the United States?  No  Yes If Yes, list which countries: \_\_\_\_\_

Will any payments be made from non-U.S. locations?  No  Yes If Yes, list the countries from which payments will originate: \_\_\_\_\_

Comments on any circumstances that will favorably influence the credit risk: \_\_\_\_\_