



Equipment Finance & Leasing

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EQUIPMENT FINANCE CREDIT APPLICATION

APPLICANT INFORMATION

Business Legal Name (and DBA If applicable)		Telephone	Date
Street Address		City/State/Zip	
Contact Name	Email Address	Fax Number	
Business Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> Nonprofit			
Description of Business		Annual Revenue	Number of Employees In Business Since
Federal Tax ID	State of Formation	Bankruptcy in Last 10 Years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what year?	

OWNERS, PARTNERS AND GUARANTORS INFORMATION (attach separate sheet (if necessary))

Name and Title (Officer, Partner, Principle)	% Ownership	Date of Birth	Social Security Number
Complete Home Address			Cell Phone Number
Name and Title (Officer, Partner, Principal)	% Ownership	Date of Birth	Social Security Number
Complete Home Address			Cell Phone Number
Name of Guarantor (ie Parent/Affiliated Company)	Relationship to Applicant	Federal Tax ID	

EQUIPMENT PURCHASE INFORMATION (attach copy of invoices)

Reason for Equipment Acquisition: <input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Refinance <input type="checkbox"/> Other, please explain	
If replacement, what is being replaced:	If addition, for what purpose:
If refinance, what are current terms, rate, monthly payments # of payments remaining:	

EQUIPMENT TO BE FINANCED (DESCRIPTION)	YEAR	NEW OR USED	SERIAL NUMBER
1.			
2.			

FINANCING/LEASING INFORMATION

DEALER INFORMATION

Selling Price	\$	Dealership	Phone Number
Tax	\$	Contact	Contact E-mail
Trade-in/Cash Down Payment (-)	\$	Delivery Date	Term
Total Amount to Finance	\$	Loan or Lease	If Lease Residual Amount:

BANKING & CREDIT REFERENCES

Bank Name	City, State	Phone Number	
Contact Name	Account Number	Account Type (savings/checking/loan)	
Secured Lending Reference	Contact Name	Phone Number	Account Number
Secured Lending Reference	Contact Name	Phone Number	Account Number

BUSINESS INFORMATION				
TOP 3 CUSTOMERS	CUSTOMER SINCE	% OF REVENUES	CONTACT NAME	PHONE NUMBER
1				
2				
3				
NUMBER OF PIECES OF LARGE EQUIPMENT YOU OPERATE:				
INSURANCE INFORMATION				
Insurance Company		Address		
Contact Name	Phone Number		Fax Number	
IF TRANSPORTATION RELATED TRANSACTION PLEASE COMPLETE				
NUMBER OF TRACTORS	NUMBER OF TRAILERS	NUMBER OF OWNER OPERATORS	NO. OF TERMINALS	LOCATIONS
IF CONSTRUCTION RELATED TRANSACTION PLEASE COMPLETE				
WORK ON HAND (USE SEPARATE SHEET IF NECESSARY)			PROJECTED REVENUES	
1				
2				
3				
ARE YOU A BONDED CONTRACTOR	BOND COMPANY NAME	CONTACT NAME	PHONE NUMBER	CITY & STATE
IF MANUFACTURING RELATED TRANSACTION PLEASE COMPLETE				
No of CNC presently operating		Landlord/Owner of building where unit is to be located		Size of facility

ANY ADDITIONAL COMMENTS YOU WOULD LIKE TO ADD FOR CREDIT REVIEW:

By signing below, I and/or we certify that:

(1) The information provided in the credit application (whether your form or someone else's) and any financial statement, tax returns, or similar items is true and correct; and I/we have not omitted or failed to include material information relevant to this credit application. Each of the undersigned authorizes Waste Pro (WP) and/or its assigns to conduct inquiries regarding the undersigned's business operations and individual and business credit histories as it may deem necessary including, without limitation, requesting credit bureau reports, contacting banks, secured lenders, lessors, and trade creditors for references and for information on Bank Accounts, Loans, or Leases. WP will be notified immediately of any material change in the information presented. I/we authorize all parties contacted by WP or its assigns to verify the information contained in this application. I/we authorize all parties contacted to release credit and financial information requested as part of said verification. I/we agree that anyone receiving a fax, scan, or photocopy of this document may act in reliance thereon to the same degree as if they possessed an original.

(2) Privacy, the PATRIOT Act, and Opening an Account. Federal law requires WP and/or its assigns to obtain, verify, and record information that identifies each person or entity that opens an account. This information helps the government fight the funding of terrorism and money-laundering activities. When you open an account or apply for a loan or lease, WP or its assigns will ask for your name, address, date of birth, and Social Security number or EIN. For a business, WP or its assigns will ask for your company's name, address, and Tax Identification Number. In some instances, WP or its assigns may also ask to see your driver's license or other identifying documents.

(3) By signing below, I/we certify that as part of our normal business operation I/we do not provide check cashing, currency dealing, or exchange or issue money orders, traveler's checks, prepaid cards, or provide money transfer services for our customers. I/we certify that the business entity is not a bank, credit union, savings bank, or finance company. I/we certify the I/we do not own or operate an internet gambling business or are acting in the capacity of an ATM Contractor (i.e., sells, leases, or rents ATMs to other businesses).

If not submitting as "application only", please include the following with your credit submittal:

2 years of fiscal year end financial statements. Current interim financial statements. Most recent personal tax returns and/or personal financial statements.

Signature _____

Title _____

Date _____

Signature _____

Title _____

Date _____

The Equal Credit Opportunity Act (ECOA) prohibits a creditor from discriminating against a credit applicant on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a finding contract); or because all or part of the applicant's income comes 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 our compliance with the ECOA is:

Office of the Comptroller of the Currency
 Customer Assistance Group, PO Box 53570
 Houston, TX 77052
 FAX: 713-336-4301