

CREDIT APPLICATION

CUSTOMER INFORMATION

EXACT LEGAL NAME OF BUSINESS ENTITY ("Obligor")				TELEPHONE NUMBER	
ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
NATURE OF BUSINESS			FAX NUMBER		FED. TAX NO.
WEBSITE ADDRESS		GROSS ANNUAL REVENUES		DATE BUSINESS ESTABLISHED (mm/yyyy)	
				DATE CURRENT OWNERSHIP (mm/yyyy)	
BUSINESS STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> TRUST					
State of Organization: _____					

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)	<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT	MOBILE PHONE NO.
ANNUAL SALARY \$	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN		EMAIL ADDRESS			
PRINCIPAL'S NAME		TITLE		% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT	MOBILE PHONE NO.
ANNUAL SALARY \$	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN		EMAIL ADDRESS			

EQUIPMENT INFORMATION

VENDOR/EQUIPMENT DESCRIPTION: YEAR, MAKE, MODEL NEW <input type="checkbox"/> USED <input type="checkbox"/>		EQUIPMENT COST	CASH DOWN/TRADE	AMOUNT TO FINANCE/LEASE
FINANCING/LEASE STRUCTURE \$1.00 LEASE <input type="checkbox"/> 10% PUT <input type="checkbox"/> FMV LEASE <input type="checkbox"/> LOAN <input type="checkbox"/>		FINANCE/LEASE TERM 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>	ADDITION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/>	DELIVERY DATE
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:	