

EQUIPMENT FINANCE

Credit Application

Send completed applications to EFIndustrial@firstcitizens.com.

Company Information (Please list exact legal name of entity.)

Fax Number: Contact Person's Name: Contact Person's Title: Contact's E-Mail Address: Phone Number:		
Contact Person's Title: Contact's E-Mail Address: Phone Number:		
Phone Number:		
Nature of Business:		
Business Structure (e.g. Corporation, LLC, Sole Proprietorship):		
Number of Shareholders/Members/Partners:		
Website URL Address:		
nd Officers (for Sole Proprietorships, LLC, Partnerships)		
Name #2:		
% Ownership:		
Title:		
Date of Birth: Social Security Number:		
Home Address:		
City:		
State: Zip Code:		
Description of Equipment, Software and/or Services to be Leased/Financed:		
Description of Equipment, Software and/or Services to be Leased/Financed.		
present, warrant and agree as follows to: (1) First-Citizens Bank & Trust Company and their affiliates, officers, ending credit or leasing to my company or investing in my company's credit or lease, such as (a) third party funding a may refer this Application and my company's request for credit or leasing, or (c) third party funding sources in ding credit or leasing to my company (collectively, "Permitted Parties"). I hereby authorize FCB or Permitted Parties plication is true, correct and complete, and I will immediately notify FCB in writing of any material chapie in any hold purposes; (c) I am a citizen or lawful permanent resident of the United States; (d) this Application will apply to tranties and agreements shall be deemed repeated for each future request, unless I submit a new application if application and applicable underwriting criteria, FCB or any Permitted Party may elect to either grant or decline to tends credit or leasing to my company, during the term of my company's credit or lease FCB may sell or assign altion submitted or orbained in connection with the extension of such credit or lease in this such Permitted Party; (g) I below; (h) I agree that this Application is an electronic record using my electronic signature and is binding on me; an umbers or email address provided in connection with this or any tuture Application, and if I have provided a mobile ber from FCB and the Permitted Parties. Authorization to Obtain and Use Information, Including Consumer orts on me, investigate references and make other credit inquiries about me and/or my company, and anyone so mitted liability company, partnership or other form of business organization, I repeat the authorizations contained in		
ubmitted or obtained in connection therewith with the Permitted Parties for their review and possible extension of from the relevant Permitted Party in the event such Permitted Party extends credit or leasing to my company or bove. ately above.		
Authorized Signature:		
Authorized Signature:		
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Credit Application

Personal Guarantor Information (Complete if the credit application is being submitted with a proposed personal guaranty.)

Name #1:		Name #2:		
Date of Birth:	Social Security Number:	Date of Birth:	Social Security Number:	
Home Address:		Home Address:		
City:		City:		
State:	Zip Code:	State:	Zip Code:	
Telephone Number:		Telephone Number:		
Telephone Number:		Telephone Number:		
Name #:		Name #:		
(a) I authorize FCB and the Permitted release information to FCB and the Perwith respect to me individually. By checking this Box, I accept this DECLINED APPLICATION Consent In the event FCB declines to extend cor leasing to my company or investm company's credit or lease.	ermitted Parties; (b) if I have filed this Application in the name of a corp Application. It to Share Information with Permitted Parties. redit or leasing to my company, FCB may share this Application and an	oration, limited liability company, partnership or other form of y other information submitted or obtained in connection there compensation from the relevant Permitted Party in the event	other credit inquiries about me and/or my company, and anyone so contacted may f business organization, I repeat the authorizations contained in this Application ewith with the Permitted Parties for their review and possible extension of credit such Permitted Party extends credit or leasing to my company or invests in my	
□ No, I do not consent to FCB sharing	g the Application and any other information with the Permitted Parties,	as described immediately above.		
	of the attached Equal Credit Opportunity <i>I</i>			
Signer's Printed Name and Title:			Signer's Printed Name and Title:	
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Equal Credit Opportunity Act Notice

If your application for business credit is denied, you have a right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, at FCB Bank, a division of First-Citizens Bank & Trust Company within 60 days from the date you are notified of our decision. Our mailing address is:

Date:

First-Citizens Bank & Trust Company PO Box 550599 Jacksonville, FL 32255 Attn: Credit Disclosure Administrator

Date:

Our telephone number is 904-380-9283.

We will send you a written statement of reasons for 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, gender, 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 Consumer Financial Protection Bureau, 1700 G Street NW, Washington DC 20006.

Applicant: Please retain for your records