

**INFORMATION**

Full Legal Business Name	Principal	Guarantor
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Phone Number	Phone Number	Phone Number
Fax Number	Fax Number	SS#
Date Established	Federal Tax ID	D.O.B.
Type of Business	Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>	Corporate <input type="checkbox"/> Non Profit <input type="checkbox"/>
IF DIVISION OR SUBSIDIARY, FULL LEGAL NAME, ADDRESS AND PHONE NUMBER OF PARENT COMPANY		CONTACT AT PARENT COMPANY

**BANKING REFERENCES** (IF CURRENT BANK ACCOUNT IS LESS THAN 2 YEARS OLD, PLEASE PROVIDE PRIOR BANK INFORMATION)

Bank	Phone	Acct #	Contact
Bank	Phone	Acct #	Contact

**INSTALLMENT DEBT REFERENCES** (LOANS, LEASES)

Company Name			Acct. #
Address	Phone	Fax	Contact
Company Name			Acct. #
Address	Phone	Fax	Contact

**TRADE REFERENCES**

Company Name			Acct. #
Address	Phone	Fax	Contact
Company Name			Acct. #
Address	Phone	Fax	Contact
Company Name			Acct. #
Address	Phone	Fax	Contact

**EQUIPMENT PURCHASE**

New    Used      Quantity:

Year	Make	Model	VIN #
Capacity	Engine	Amount Requested	

**Please provide your last 3 months bank statements (first page) and last year files tax return with this application.**

I make this application to TESCO Transportation LLC (TESCO) for a lease finance line of credit and give the above information to TESCO in order to obtain this credit. I authorize TESCO to obtain information concerning any statement made herein and understand that a credit report may be requested in connection with this application and any subsequent update, renewal, or extension of credit. If I request, I will be informed whether or not a credit report was requested and the name and address of the agency that furnished the report. To the best of my knowledge, the information I have provided is true.

**Notice:** 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. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Equal Credit Opportunity Act:** 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 our Finance Representative, 6401 Seaman Rd, PO Box 167230 Oregon, OH 43616 (800-227-3572) 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. **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 agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Signature \_\_\_\_\_ Print Name & Title \_\_\_\_\_ Date \_\_\_\_\_