



BANK OF THE WEST
EQUIPMENT FINANCE
BNP PARIBAS GROUP

Fax completed application to: (800) 268-1591
 For questions, please call:
 Judi Faust (972) 355-4643 / Cell (214) 931-0813
 or Juan-Carlos Garcia (415) 217-4241



BUSINESS

EQUIPMENT FINANCE APPLICATION

CUSTOMER (EXACT LEGAL NAME)				DBA	
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO.
LOCATION OF EQUIPMENT		CITY	STATE	ZIP	FACSIMILE NO.
CELL PHONE NO.			EMAIL ADDRESS		
GROSS ANNUAL SALES		YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP		FEDERAL TAX ID NO. (IF ANY)
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CO.					STATE OF INCORPORATION
PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS					

OWNERSHIP

PRINCIPAL #1 NAME		TITLE	SOCIAL SECURITY NO.	% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)	
PRINCIPAL #2 NAME		TITLE	SOCIAL SECURITY NO.	% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)	

BANK

BANK NAME	BUSINESS ACCOUNT BALANCE
SECURED REFERENCE	

DESIRED TERMS & EQUIPMENT INFORMATION

TERM IN MONTHS <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> _____	END-OF-TERM PURCHASE OPTION <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV	EQUIPMENT COST	EQUIPMENT TYPE	ANNUAL HOURS
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HOW WILL THIS EQUIPMENT BE USED IN YOUR BUSINESS?

IS THE EQUIPMENT BEING ACQUIRED FOR YOUR BUSINESS NEW USE EXPANSION AND/OR REPLACEMENT?

EQUIPMENT DEALER

DEALER NAME	CONTACT	TELEPHONE NO.
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I understand this finance application may be approved based on my business and personal credit. I authorize Bank of the West, its nominees or its assigns to review my personal credit. This authorization extends to obtaining ratings from listed banks and trade references. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for purposes of an update, renewal, or the extension of additional credit as requested. A fax or photocopy of this authorization is to be accepted as an original.

X _____
 AUTHORIZED SIGNATURE

 DATE

EOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, Bank of the West, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (415) 956-5174 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 the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.