



McLeod
FINANCIAL
SOLUTIONS

FINANCING APPLICATION

McLeod Financial Solutions
Attn: Sharon Foglesong
2550 Acton Road
Birmingham, AL 35243
205-406-1096 (office)
205-406-1313 (fax)

IMPORTANT INFORMATION: If you are applying for an individual lease or loan, or for a joint lease or loan with another person (including a joint account or an account that you and another person will use) complete all sections providing information about each individual applicant, joint applicant or user. If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. **Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.**

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BUSINESS INFORMATION-IF REQUEST EXCEEDS \$100K PLEASE INCLUDE BUSINESS FINANCIAL STMTS-2 MOST RECENT YEAR-END

Legal Business Name		DBA Name		Federal Tax ID No.	
Street Address (no PO Box)		Billing Address		City/State/Zip	
Equipment Location if different:Address/City/State/Zip		Nature Of Business		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individuals applying jointly for business purpose lease <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corp. or Limited Liability Co. Date of Organization_____	
Contact Name		Contact Title		Email	
Gross Annual Rev.	No. Of Employees	Tax Exempt		exempt number	
		<input type="checkbox"/> No <input type="checkbox"/> Yes _____		<input type="checkbox"/> State of Organization_____	
Company Phone		Cell Phone		Number Of Years In Business	

OWNERSHIP & GUARANTOR INFORMATION (ALL 20% OR MORE OWNERS AND OTHER GUARANTORS - USE SEPARATE PAGE IF NEEDED)

Principal/Partner/Officer		Title	Date Of Birth	% Owned	SSN	US Citizen
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address - Street/City/State/Zip		Home Phone		Cell Phone		
				<input type="checkbox"/> Rent Yrs? <input type="checkbox"/> Own		
Principal/Partner/Officer		Title	Date Of Birth	% Owned	SSN	US Citizen
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address - Street/City/State/Zip		Home Phone		Cell Phone		
				<input type="checkbox"/> Rent Yrs? <input type="checkbox"/> Own		
Principal/Partner/Officer		Title	Date Of Birth	% Owned	SSN	US Citizen
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address - Street/City/State/Zip		Home Phone		Cell Phone		
				<input type="checkbox"/> Rent Yrs? <input type="checkbox"/> Own		

"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes McLeod Software and McLeod Financial Solutions ("McLeod") and/or its assigns to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the transaction is approved, from time-to-time during the term of the transaction. In addition to the information requested on this application McLeod may subsequently request additional information from Applicant. **IMPORTANT INFORMATION: Except as otherwise prohibited by law, you agree and consent that McLeod and/or its assigns and their affiliates may share with each other all information about you that McLeod has or may obtain for the purposes of, among other things, evaluating credit applications or offering you products or services that McLeod and/or its assigns and their affiliates believe may be of interest to you. Under the fair Credit Reporting Act there is certain credit information that cannot be shared about you (unless you are a business) if you tell McLeod and/or its assigns and their affiliates in writing. Please provide your name, address, social security number and account numbers(s).** As an authorized agent of the applicant company you represent that you have reviewed this document and the information herein is true, correct and complete. A photo static copy of this authorization shall be as valid as the original. **Ohio Residents Only:** Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. **New York Residents Only:** A consumer report may be requested in conjunction with this application. Upon your request, you will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit for which this application is made. **Vermont Residents Only:** You authorize **McLeod and/or its assigns and their affiliates** to obtain credit reports about you now and in the future for all legitimate purposes associated with this application or the account including, but not limited to: (a) evaluating this application; (b) renewing, reviewing, modifying, and taking collection action on the account. **Important Information About Procedures for Opening A New Account:** 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, business documents, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. A photostat of facsimile copy of this authorization shall be valid as the original.

COMPANY AND GUARANTOR SIGNATURES (SIGN BOTH PLACES BELOW)

We/I certify that we/I have read and agree with the applicable terms and conditions, above.

Guarantor/Owner/Individual Signature	Date	Guarantor/Owner/Individual Signature	Date
Guarantor/Owner/Individual Signature	Date	Guarantor/Owner/Individual Signature	Date
Company Authorized Signature	Title	Date	

