

FINANCING APPLICATION

PLEASE COMPLETE AND SIGN THIS FINANCING APPLICATION IN ORDER TO BE CONSIDERED FOR ONE OF OUR FINANCING PLANS. IF THE INFORMATION SUPPLIED IS INCOMPLETE OR FOUND TO BE INCORRECT, THIS MAY DELAY THE PROCESSING OF THE APPLICATION AND COULD AFFECT PROMPT DELIVERY OF PRODUCTS OR SERVICES.

YOUR BUSINESS INFORMATION

Business Name _____ Type of Business _____
DBA _____ Shipping Address _____
Billing Address _____ City _____ State _____ Zip _____
City _____ State _____ Zip _____ Phone # () _____ Fax # () _____
Phone Number() _____ E-Mail: _____
Accounts Payable Contact _____ Fax # () _____
Year Incorporated _____ State _____ Years in Business _____ Federal Tax ID #: _____

OFFICERS, PARTNERS OR PRINCIPALS

Complete Applicable Section: Individual Partnership Corporation Subsidiary of _____
Owner's or Partner's Names: LLC
1. _____ Address _____ City _____ State _____ Zip _____
Title _____ Social Security #: _____
2. _____ Address _____ City _____ State _____ Zip _____
Title _____ Social Security #: _____

BANKING REFERENCES

Bank Name _____ Checking Account # _____
Address _____ Savings Account # _____
City _____ State _____ Zip _____ Phone # () _____ Fax # () _____

TRADE REFERENCES

(List only business in your industry you currently have a working relationship with; No personal references please)

TRADE (1) _____ Account # _____
Address _____ City _____ State _____ Zip _____ Tel # () _____
Services Sold or Performed _____ Fax # () _____
TRADE (2) _____ Account # _____
Address _____ City _____ State _____ Zip _____ Tel # () _____
Services Sold or Performed _____ Fax # () _____
TRADE (3) _____ Account # _____
Address _____ City _____ State _____ Zip _____ Tel # () _____
Services Sold or Performed _____ Fax # () _____

DESIRED FINANCING OPTIONS:

Lease Bank Loan

DESIRED LEASE/BANK LOAN TERMS (in months):

12 mo. 24 mo. 36 mo. 48 mo. 60 mo.

END-OF-TERM PURCHASE OPTION*:

FMV (Fair Market Value) 10% Put
\$1 Buyout

DOWNPAYMENT REQUIRED:

10% for 12 and 24 month terms
15% for 36, 48 and 60 month terms

EQUIPMENT TYPE/MAKE/MODEL:

EQUIPMENT COST:

AMOUNT TO BE FINANCED:

PENN STATE CONSULTANTS, INC.

56 Artisan Way, Unit #7, Smyrna, DE 19977

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FOR ALL APPLICATIONS IN EXCESS OF \$20,000, OR CUSTOMERS WHO HAVE BEEN IN BUSINESS FOR LESS THAN 2 YEARS, PLEASE ATTACH LAST TWO YEAR-END FINANCIAL STATEMENTS OR TAX RETURNS WITH THIS APPLICATION. APPLICATIONS ARE VALID FOR 90 DAYS. INFORMATION IS CONFIDENTIAL AND FOR THE SOLE PURPOSE OF DETERMINING CREDIT AND FINANCIAL RESPONSIBILITY. BY SIGNING THIS APPLICATION I(WE) AUTHORIZE PENN STATE CONSULTANTS, INC. OR ITS AGENTS TO INVESTIGATE MY BUSINESS AND PERSONAL CREDIT AND FINANCIAL RECORDS, INCLUDING BANKING RECORDS. THIS APPLICATION DOES NOT OBLIGATE PENN STATE CONSULTANTS, INC. OR ITS AGENTS TO ENTER INTO A FINANCING OR LEASE AGREEMENT. A PHOTOCOPY OR FAX OF THIS RELEASE WILL ACT AS AN ORIGINAL.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO THE TERMS SHOWN.

SIGNATURE OF OWNER/PARTNER OR OFFICER

TITLE

DATE

PRINT NAME

AUTHORIZED SIGNATURE OTHER THAN ABOVE

TITLE

DATE

*

• **Fair Market Value (FMV) Purchase**

At the end of term the customer is obligated to purchase the equipment for its then Fair Market Value.

• **10% Put**

At the end of the lease term the customer is obligated to purchase the equipment for 10% of its original purchase price.

• **\$1 Buyout**

The customer purchases the equipment for \$1 at the end of a capital lease, and title to the equipment is transferred from the leasing company to the customer.

DATE APPROVED:

APPROVED BY:

COMMENTS: