



*When Performance Matters.*TM

Confidential Credit Application

(Please print or type if faxing or submitting by mail)
Please complete ALL areas on the Application

Company and Contact Information: (This application is for U.S. entities and residents only.)

Business Legal Name:		Contact Name & Title:		Email Address of Contact:	
Office Phone: () -		Cell Phone if applicable: () -		Fax: () -	
Company Address:			City	State	Zip Code
County					
Billing Address: (if different from above)					
Address of Equipment Location:					County
Legal Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Municipality	<input type="checkbox"/> Sub S
				<input type="checkbox"/> Proprietorship	
Have you ever previously financed with Textron Financial Corporation? <input type="checkbox"/> Yes, if so Account Number _____ <input type="checkbox"/> No		Exempt from Sales/Use Tax <input type="checkbox"/> Yes (attach copy of sales exemption certificate) <input type="checkbox"/> If No; please provide sales tax rate for equipment location		State of Incorporation: _____ Date of Incorporation: _____ Federal Tax ID #: _____	
Years in Operation:		Years under Current Owners :		# of Members if Golf Club:	
Has this entity or any related affiliates ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this entity, or any related affiliates a defendant in any legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide the approximate monthly expenses for this entity: \$	

Principals/Partners/Owners:

Name:	% Owned	Home Address:	Social Security Number:

Parent Company Name (if subsidiary):	Parent Address:
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Finance Transaction Information: (Attach copy of Sales Proposal or Invoice with individual pieces of equipment listed): Salesman _____ Phone: _____ Email: _____

Finance Type:

- Loan & Security Agreement
- Operating Lease / FMV purchase option
- Nominal Lease (Dirty Lease)
- Municipal Lease

Summary of Equipment Selling Price:

\$

Applicable Sales Tax:

\$

Documentation Fee:

\$ 175.00

(Down Payment/Trade-In):

(\$)

Payoff of Trade-In:

\$

Total Financed Amount:

\$

TFC Finance Program

Term: _____ months
If FMV Lease list annual hours needed _____

Payment Amount:

(#) _____ Payments of \$ _____ .00
and/or payment factor used: _____

Payment Schedule:

- Equal Monthly
- Skips: _____
(Indicate months with skips)

Banking and Trade References: (Attach a reference list, if available)

Bank References:

Addresses:

Bank Name:

Phone () -

Account Number(s):

- Checking
- Savings
- Loan
- Other

Bank Officer:

Fax: () -

Bank Name:

Phone () -

Account Number(s):

- Checking
- Savings
- Loan
- Other

Bank Officer:

Fax: () -

Signatures:

Note: Financial Statements and/or tax returns may be required

Each individual signing below certifies that the information provided in the application for credit is accurate, complete, and truthful and that they have the duly granted authority to legally bind the applicant. Each individual signing below hereby authorizes Textron Financial Corporation ("TFC") to obtain information from the references listed above and credit reporting agencies (both commercial and consumer) that will be ongoing and relate not only to the evaluation and/or extension of the credit requested, but also for purposes of reviewing the account, taking collection action, and for any other legitimate purpose associated with the account as may be deemed necessary from time-to-time. The undersigned also authorizes all banking institutions, trade references, credit reporting agencies and their agents to release all necessary information to TFC via telephone, mail or facsimile as requested by TFC. Information contained herein will be for the exclusive use of TFC and its parent, affiliates and subsidiaries. In the event of credit approval from TFC, applicant hereby grants to TFC a security interest in the property to be financed by TFC and agrees TFC may file a UCC Financing Statement with respect to such property.

Officer/Owner Signature: _____ Date: _____ Officer/Owner Signature: _____ Date: _____

Name (please print): _____
Authorized Officer/Owner Name (please print): _____
Authorized Officer/Owner

ECOA NOTICE (TO BE RETAINED BY APPLICANT)

Thank you for your business credit application. We will review it carefully and get back to you promptly. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.