

# Equipment Finance

Please email this form and an invoice to:  
equipmentfinance@p1fs.com or fax to 800-341-6223



## Applicant Data: Business Information

Legal Name: \_\_\_\_\_ FEID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ In business since:   
Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Type:  Corp  S Corp  LLC  Partnership  Proprietor Ever declared bankruptcy?  Yes  No (Business or Personal)  
Current Fleet Size, number of units:  Coaches  Mid-size Buses  Shuttles  Other \_\_\_\_\_

## Credit & Finance References

Current Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Opened: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Opened: \_\_\_\_\_

## Company Principal/Guarantor Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership:   
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Phone: \_\_\_\_\_ D/O/B: \_\_\_\_\_ U.S. Citizen:  Yes  No  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership:   
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Phone: \_\_\_\_\_ D/O/B: \_\_\_\_\_ U.S. Citizen:  Yes  No

## Description of Equipment to be Financed

Selling Dealer Name: \_\_\_\_\_ Quantity:   
Year:  Manufacture: \_\_\_\_\_ Model: \_\_\_\_\_  New  Used  
Equipment Location: \_\_\_\_\_  Replacement  Expansion  
 Lease  Loan Amount Requested: \$  Term Requested:  Other: \_\_\_\_\_

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. Applicants have the right to receive a statement of specific reasons for adverse actions within 30 days, if the statement is requested within 60 days of the creditor's oral or written notification of the adverse action. The statement of reasons may be requested by phone at 800-747-6223 by writing to Priority One Financial Services Equipment Finance, 742 Second Avenue South, St. Petersburg, FL 33701. If the statement of reasons is provided orally, applicants have the right to receive written confirmation within 30 days of our receipt of the applicant's written request for confirmation.

I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer any questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor contacted to release to you such credit information requested.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_