



28 11th Ave S. Ste 103  
 St. Cloud, MN 56301  
 888.519.3544

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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 and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**BUSINESS & GENERAL INFORMATION**

Name of Business:		DBA:		Federal ID #:	State of Incorporation:	
Physical Address:			City:	State:	Zip:	
Billing Address:			City:	State:	Zip:	
Phone #:	Cell #:	Fax #:	Contact Person/Title:		Email Address:	
Nature of Business:		Type of Business:	Sole Proprietorship	Corporation	Partnership	LLC
		Years in Business:	Gross Annual Revenue:			
Have you, the business or any of the principals personally ever declared bankruptcy? Yes No		Have you, the business or any of the principals personally been charged with a Felony? Yes No		Have you, the business or any of the principals personally defaulted on a loan or lease? Yes No		Do you, the business or any of the principals personally have any open tax liens, suits or judgments? Yes No

**PERSONAL INFORMATION (PLEASE PROVIDE COPIES OF DL OR OTHER GOVERNMENT ID.)**  
 (If additional space is needed for personal information, please complete another application.)

Name (First/MI/Last):	Title:	% Ownership:	Social Security #:	DOB:	
Home Address:	City:	State:	Zip:	Phone #:	Email Address:
Name (First/MI/Last):	Title:	% Ownership:	Social Security #:	DOB:	
Home Address:	City:	State:	Zip:	Phone #:	Email Address:

**DEALER INFORMATION**

Dealer's Name:	Phone #:	Contact Person:
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**PAYMENT PLAN**

Term in Months: 24    36    48    60    72    84	Vendor Terms:	Est. Delivery Date:	Equipment Cost: \$	Advance Payment: \$
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**EQUIPMENT INFORMATION (ATTACH QUOTE OR AVAILABLE INVOICE)**

Description: (include make, model, serial #'s and any attachments)

**COMPANY REFERENCES (PLEASE PROVIDE (2) TRADE REFERENCES AND (1) BANK REFERENCE)**

Trade/Haul:	Phone #:	Contact Person:
Trade/Haul:	Phone #:	Contact Person:
Bank:	Phone #:	Contact Person:

**EQUAL CREDIT OPPORTUNITY ACT NOTICE:** 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 the statement, please contact our Operations Supervisor, 28 11TH Ave S., Ste 103, St. Cloud, MN 56301 (888) 519-3544 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 this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, P.O. Box 53570, Houston, TX 77052.

By providing the above information, I/we certify the information provided above is true and complete and authorize Falcon Equipment Finance and/or its assignees, designees, agents or successors to whom this application is made to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as deemed necessary. I/we authorize Falcon Equipment Finance and/or its assignees, designees, agents or successors to update my/our credit profile from time to time in the future as you deem appropriate.

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 Applicant Signature Date Co-Applicant Signature Date