



US Financial Companies, LLC
 A Division of I.F.S.
 2783 Martin Road #210
 Dublin, OH 43017
 T: 614-777-0000
 F: 614-777-0001

PLEASE FAX APP TO 614-777-0001 : EMAIL TO APP@USFINCO.COM

Equipment Vendor Name _____
 Telephone # _____ Sales Contact _____
 Sales Contact Email: _____

EXACT LEGAL COMPANY NAME: _____

ADDRESS _____ TYPE BUSINESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ FEDERAL TAX ID# _____

PERSON TO CONTACT _____ E-MAIL ADDRESS _____

CORP PARTNERSHIP LLC SOLE PROPRIETOR CONTACT CELL PHONE _____

STATE OF INCORPORATION (If not sole proprietor) _____ YEAR BUSINESS STARTED _____ YEARS CURRENT OWNERSHIP _____

EQUIPMENT LOCATION ADDRESS, if different than above: _____

1. OWNER/OFFICER NAME: _____ TITLE _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ SOCIAL SECURITY # _____ % OWNERSHIP _____

2. OWNER/OFFICER NAME: _____ TITLE _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SOCIAL SECURITY # _____ % OWNERSHIP _____

EQUIPMENT DESCRIPTION: _____ NEW USED

DESIRED TERM: 24 36 48 60 MO's EQUIPMENT COST \$ _____ YEAR MFG _____

BANK/FINANCE REFERENCE:

BANK NAME: _____ PHONE _____

OFFICER _____ CHECKING ACCT # 1 _____ BALANCE _____

LOAN REFERENCE FUNDER: _____ PHONE _____ ACCT # _____

KEY COMPANY CONTACTS:

NAME & TITLE _____ EMAIL _____ CELL _____

NAME & TITLE _____ EMAIL _____ CELL _____

NAME & TITLE _____ EMAIL _____ CELL _____

Applicant hereby authorizes US Financial Companies (a division of I.F.S.) and its agents and/or assigns to (1) obtain more credit information about the Applicant and its principals and/or co-owners and to make inquires in connection with the Application; (2) to share credit information with US Financial Companies agents and/or assigns, as well as Applicant's other creditors, bureaus and persons who have, expect to have financial dealings with the Applicant or its principals names above; (3) to share collection information with Applicant's other creditors. All the information in this Application is true, complete and correct. The person(s) signing below on behalf of Applicant is authorized to make this application on its behalf and agrees to the foregoing, and also has the authority to act for Applicant's principals and co-owners in instructing USF and it agents and/or assigns to obtain credit reports on them.

Signed _____

Signed _____

Print Name _____

Print Name _____

PLEASE FAX CREDIT APPLICATION BACK TO 614-777-0001 OR EMAIL TO APP@USFINCO.COM