



Sovereign Finance Plan
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Sovereign Bank

3 HUNTINGTON QUADRANGLE – SUITE 101N
MELVILLE NY, 11747
Toll Free: 1.888-531-0411

Business Information

Legal name _____
 Address _____ City _____ State _____ Zip _____
 Bus. Phone # _____ Mobile Phone # _____ Fax # _____
 Equipment location _____ E-mail _____
 Have you ever declared personal or business bankruptcy? yes no If so, when? (date) _____
 In business since _____ Federal I.D. # _____ Business structure Corp. LLC Partnership Proprietor

Bank Reference (Installment Debt/Leases)

Name of bank _____ Accts open since _____ Bank officer _____
 Telephone # _____ Checking account # _____ Loan # _____
 Previous/other bank _____ Accts open since _____ Bank officer _____
 Telephone # _____ Checking account # _____ Loan # _____

Finance References

Firm name	Contact name	Telephone number	Account open since
_____	_____	_____	_____
_____	_____	_____	_____

Company Principal/Guarantor Information

If you intend to apply for joint credit (including as a guarantor), please initial here: Principal/Guarantor _____ Principal/Guarantor _____
 Name _____ Citizenship USA Other _____ Title _____ % Owned _____
 Home address w/zip code _____
 Social Security # _____ Phone # _____ Date of Birth _____
 Name _____ Citizenship USA Other _____ Title _____ % Owned _____
 Home address w/zip code _____
 Social Security # _____ Phone # _____ Date of Birth _____

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

The undersigned certifies that he/she has full authority to act on behalf of the applicant and that all of the information contained in this application and on each document required to be submitted in connection herewith are true and complete. I hereby affirm my identity as the individual named in this application and authorize Sovereign Bank to obtain my credit profile from the national credit bureau(s) for the purpose of considering this credit application and any subsequent update, renewal, collection or additional credit. A photostat or facsimile of this authorization shall be as valid as the original. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Sovereign Bank. 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 write to Sovereign Bank, Commercial Equipment and Vehicle Finance Division at 3 Huntington Quadrangle, Suite 101N, Melville, NY 11747-4616, Mailcode: NY1-MLV-01-01 within 60 days from the date you are notified of our decision. We will send you a written statement of the 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, or age (provided the applicant has the capacity to enter into a binding contract); or 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 Thrift Supervision, 10 Exchange Place, 18th Floor, Jersey City, NJ 07302.

NOTICE: If you intend to act as a guarantor for the credit of one or more primary applicant(s) and are providing information to Sovereign Bank for that purpose, please be advised that if Sovereign Bank determines that you do not meet its standards of creditworthiness for the amount and/or kind of credit desired by the primary applicant(s), Sovereign Bank is required by law to provide the specific reasons for such adverse action to the primary applicant(s) and NOT to you. Unless you are willing to share the specific reasons for adverse action based upon your credit history with the primary applicant(s) you should not submit this Principal/Guarantor Information or a Personal Financial Statement to Sovereign Bank.

Signature **X** _____ Title _____ Date _____
 Signature **X** _____ Title _____ Date _____