



# SPECIALTY MARKETS CREDIT APPLICATION

Call 800/ 442-7811 or Fax 952/ 656-5081

Attn: \_\_\_\_\_

<b>Customer Information</b>	Company Name OR Individual Last, First and Middle Name, Suffix				DBA	
	Company Address		City	State	Zip	County
	Contact Person		Business Phone		Business Fax	
	Contact E-mail		State Organization ID #		Federal Tax ID #	

<b>Business Type</b>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Partnership	Fleet Size	
	<input type="checkbox"/> S Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> C Corporation		
	State of Incorporation	Date Established	Yrs in Business	Nature of Business	

<b>Owners, Partners and Guarantors</b> (Attach separate sheet if necessary)	1. Name		Title		% Ownership	Owner Since
	Home Address			City, State, Zip		
	Home Telephone #	Fax #	E-mail	Social Security #		Date of Birth
	2. Name		Title		% Ownership	Owner Since
	Home Address			City, State, Zip		
	Home Telephone #	Fax #	E-mail	Social Security #		Date of Birth
	3. Name		Title		% Ownership	Owner Since
	Home Address			City, State, Zip		
	Home Telephone #	Fax #	E-mail	Social Security #		Date of Birth

<b>Bank and Comparable Loan/Lease References</b>	Bank Name	Account Number (s)	Contact	Phone #
	Finance Company	Account Number (s)	Contact	Phone #
	Finance Company	Account Number (s)	Contact	Phone #

<b>Primary Sources of Business</b>	Company Name	Products/Supplies	Contact	Phone
	Company Name	Products/Supplies	Contact	Phone

<b>Equipment and Vendor Information</b> (Attach separate sheet if necessary)	Qty	Manufacturer/Model (Description)	Delivery Date	Equipment Cost	Total Cost	
	Vendor Name		Contact Name	Contact Phone #	Fax #	
	Vendor Address, City, State			E-mail		
	Year/Make/Model	Specifications	Delivery Date	Cost		
	<input type="checkbox"/> Equipment is Addition - Reason			<input type="checkbox"/> Equipment is Replacement - Payment		

By submitting this Application, you grant consent to and authorize TCF Equipment Finance, Inc. and its agents ("TCFEF") to obtain commercial and consumer credit reports and make other credit inquiries that it determines necessary, and you represent that each individual listed on this Application as a principal, partner, owner, guarantor or obligor likewise has authorized TCFF to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You also warrant the information on or accompanying this Application is true and complete, and you agree to notify TCFX of any material change in any such information. You authorize TCFF and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application, and you authorize anybody contacted to release credit and financial information requested as part of said investigation. Finally, you confirm that this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** 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.

**EQUAL CREDIT OPPORTUNITY ACT.** 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 Customer Service Representative, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (800-681-7474) 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, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_