

Legal Name: _____ dba: _____

Business Start Date: _____ Corporation Partnership Proprietor Other _____ State of Organization: _____ Fed ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Fax: _____

E-mail: _____ Website: _____

If corporation, partnership or LLC, the following may be requested: either articles of incorporation, partnership agreement or LLC articles of organization. If corporation or LLC, bylaws, operating agreement or similar organizational documents. If other, applicable formation/organization document(s).

Owner*: _____ SSN: _____ DOB: _____

Title: _____ % Ownership: _____ Mobile: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner*: _____ SSN: _____ DOB: _____

Title: _____ % Ownership: _____ Mobile: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

***Include copy of driver's license(s).** *If additional space is needed, please attach separate sheet.*

Primary Bank Reference: _____ Phone: _____ Officer: _____

Nearest Relative: _____ Phone: _____ Relationship: _____

Financial Summary most recent year 20____ *Complete the financial summary or include balance sheet/income statement, additional financial information may be requested.*

Total Assets: \$ _____ Applying for replacement unit? Yes No

Total Liabilities: \$ _____ Briefly describe operation: _____

Total Revenue: \$ _____

Dealer: _____ Contact: _____ Phone: _____

Year: _____ New Used Price: \$ _____ Make/Model: _____ Description: _____

Payment Frequency: M Q SA A Custom Term: _____ Advance: \$ _____ Purchase Option: 10% 20% \$101

Equipment Location Address: _____ Same as above

SIGNATURE

All information in this application and all attachments are correct to the best of my knowledge. I authorize Northland Capital and/or its lenders, participants and assigns to verify employment and all financial and other information submitted with this application, including obtaining a consumer credit report, to act on this application. I authorize such parties making continued inquiries about such information and obtaining a consumer credit report during the term of obligations. As required by law, my identity will be verified. I authorize all past or present creditors to release any and all necessary credit information, and to respond fully to requests for information based on this application when transmitted by electronic or other means. The above permissions and authorizations will apply to any creditor to whom this application is submitted. I certify that the obligations applied to hereunder are for business, commercial or agricultural purposes and not for personal, family and household purpose. I certify that authorization has been obtained from those listed above, however have not signed below, to obtain their consumer credit report as they are applying to Northland Capital for credit. I agree that Northland Capital and/or its lenders, participants and assigns may freely communicate credit, financial, transactional and other information about me in connection with the administration of any loan or lease. I agree that Northland Capital and/or its lenders, participants and assigns may freely communicate credit, financial, transactional and other information about me or any owner in connection with the administration of any loan or lease, including releasing credit bureau reports to lenders working with Northland Capital who may provide credit relating to this application.

FAIR CREDIT REPORTING 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, contact Customer Service Manager, 333 33rd Avenue South, Saint Cloud, MN 56301, 800.471.2122 within 60 days from the date of decision notification. A written statement of reasons for denial will be sent within 30 days of receiving request.

The 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 that 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. A number of federal agencies share enforcement responsibilities of this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington, D.C. 20580, 877.382.4357.

X _____ **X** _____ Date: _____