

LIGCHINE

CREDIT APPLICATION

Terms

Amount to Finance: _____

Desired Term (1 - 72 Months): _____

Equipment Type: _____

Equipment Vendor: _____

Desired Payment Range: _____

Equipment is: New Used

Business

Business Name: _____
Please Enter the full legal name of your business.

DBA Name: _____

Business Phone: _____

Business Address: _____

City/State/Zip: _____

Time in Business Under Current Ownership: _____
Enter the month and year you started or acquired your business.

TIN: _____

Federal Tax ID: _____

Business Industry: _____

Estimated Annual Gross Sales: _____

Legal Structure:

LLC Corporation S-Corp
Partnership Municipal Sale Prop
Non-Profit

Number of Employees: _____

Ownership

Principal I Name: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Phone #: _____

Birth Date: _____

Social Security #: _____

% Ownership: _____

Signature: _____

Date: _____

Principal II Name: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Phone #: _____

Birth Date: _____

Social Security #: _____

% Ownership: _____

Signature: _____

Date: _____



CREDIT APPLICATION

Ownership

Principal III Name: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Phone #: _____

Birth Date: _____

Social Security #: _____

% Ownership: _____

Signature: _____

Date: _____

Principal V Name: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Phone #: _____

Birth Date: _____

Social Security #: _____

% Ownership: _____

Signature: _____

Date: _____

Principal IV Name: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Phone #: _____

Birth Date: _____

Social Security #: _____

% Ownership: _____

Signature: _____

Date: _____

Principal VI Name: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Phone #: _____

Birth Date: _____

Social Security #: _____

% Ownership: _____

Signature: _____

Date: _____

Terms & Conditions

For Purposes of obtaining credit, I(We) certify that all of the information in this application is true and correct, I (We) authorize Ligchine International Corporation and/or any party who may provide credit to applicant to confirm all information in this application (Which may include obtaining credit reports, contacting referenced, etc.) either in connection with my (our) initial application for credit, or at any time during the term of the lease/Finance agreement. I (We) agree to release and waive all claims against Ligchine International Corporation and or any party who may provide credit, and/or those references listed above for all acts or omissions that occur in verifying the same information. Customer Identification Program: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institution to obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for 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 and other identifying documents.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____