



1st Source Bank Specialty Vehicle
 Division 100 North Michigan, 3rd Floor
 South Bend, IN 46601
 Fax: (815) 516-0421

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 Division President
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LEGAL COMPANY NAME		PHONE NUMBER/MOBILE		FAX NUMBER	
TRADE NAME (IF DIFFERENT FROM LEGAL NAME)		CONTACT NAME		EMAIL	FEDERAL ID #
STREET ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INCORPORATED <input type="checkbox"/> SUB "S" <input type="checkbox"/> NON-PROFIT/MUNICIPAL		IF INCORPORATED, WHAT YEAR AND WHICH STATE?	
YEAR BUSINESS STARTED	NATURE OF BUSINESS			YR _____	ST _____
ANNUAL REVENUES: \$ _____		HAS COMPANY EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YEAR _____		CURRENT NUMBER OF VEHICLES IN FLEET	

OWNERSHIP INFORMATION

Please complete all columns for all owners and key managers of the business. Ownership must total 100%. Attach schedule if needed.

FULL NAME	ADDRESS		% OWNERSHIP	SSN/TAX ID#	DATE OF BIRTH	U.S. CITIZEN (Y/N)
		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE				
		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE				

VEHICLE(S) BEING PURCHASED

NEW/USED	YEAR	MAKE	MODEL	BODY/EQUIPMENT	MILEAGE	EQUIPMENT COST	TAXES	TOTAL

IS VEHICLE(S) TO BE FINANCED: REPLACEMENT ADDITIONAL PROJECTED ANNUAL MILEAGE: _____

TERMS DESIRED

<input type="checkbox"/> LOAN <input type="checkbox"/> LEASE	TERM	DESIRED MONTHLY PAYMENT	DOWN PAYMENT AMOUNT	<input type="checkbox"/> ADVANCE <input type="checkbox"/> ARREARS	RESIDUAL
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BANK TRADE REFERENCES

BANK/COMPANY NAME	ACCOUNT	CONTACT PERSON	PHONE

EQUAL CREDIT OPPORTUNITY STATEMENT: 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 oversees 1st Source Bank's compliance with this law is: Federal Reserve Bank Consumer Help, P.O. Box 1200, Minneapolis, MN 55480, Phone: (888) 851-1920.

PERSONAL INFORMATION AUTHORIZATION: If Applicant is an individual, then the undersigned hereby authorizes 1st Source Bank to obtain a consumer credit report and otherwise verify, in any manner it deems appropriate, the undersigned's employment history and income, bank accounts, payment histories, and income tax returns. This authorization remains in effect now and during the life of the undersigned's relationship with 1st Source Bank. A copy of this authorization may serve as the original and be used as a duplicate original.

INFORMATION REQUIRED: 1st Source Bank will require information from Applicant that 1st Source Bank regularly obtains and considers in evaluating credit applications for the purpose and amount of the credit requested. The Bank may require a Personal Financial Statement.

NOTICE OF CREDIT DECISION: 1st Source Bank will notify Applicant of its credit decision within 30 days of receipt of a completed credit application. If the application is declined, 1st Source Bank will provide this notice in writing for all small business applicants.

EMAIL AUTHORIZATION While email is an efficient and effective means of communicating, it is not secure. There are risks of improper interception and other unintended disclosure of sensitive, confidential, or proprietary information. 1st Source cannot control these risks and does not assume any responsibility for them. Please note that, even if you authorize it, 1st Source policy prohibits transmission from 1st Source by regular email of any correspondence or document that includes personal identity information about you such as your social security number, your driver's license or similar government-issued identification number, or any credit card number. If you do not authorize regular (unencrypted) email by listing your email address below, 1st Source will communicate all information and documents by: (1) secure fax or overnight delivery or (2) secure (encrypted) email. If you desire that 1st Source communicate all information and documents to you by regular (unencrypted) email, and you accept all of the risks of using such unsecure means of communicating, please provide the proper address for such email transmissions below.

Authorized email address(es), if any, for regular (unencrypted) email (please print clearly in all caps): _____

Applicant #1 _____ Date _____ Applicant #2 _____ Date _____

Print Name _____ Print Name _____