

# Field Application

U.S. BANK EQUIPMENT FINANCE  
SMALL BUSINESS GROUP

## Customer Information

|  |   |  |                 |
|--|---|--|-----------------|
| Company name ("Applicant")   |   | Street address, City, State, Zip                                       |                 |
| County   | Contact e-mail address                                  | Address of physical location of equipment                              |                 |
| Federal Tax ID #<br><input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC | Phone   | Cell Phone<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fax             |
| Business type  | Sales tax exempt? If yes, attach exemption certificate. |  | Company website |
| In business since  | Nature of business                                      | Years current ownership  | Fiscal year end |
| Contact Name   | Contact email   | Contact preferred telephone  |                 |

## Equipment Supplier Information

|                  |   |                       |
|------------------|---|-----------------------|
| \$               | <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 months<br><input type="checkbox"/> Other: |                       |
| Amount requested | Term  | Equipment Description |
| Supplier Name    | Supplier Address  | Supplier Phone        |

## Principal Information

|    |            |                |         |              |            |
|----|------------|----------------|---------|--------------|------------|
| 1. | Name/title | % of ownership | SSN/DOB | Home address | Home phone |
| 2. | Name/title | % of ownership | SSN/DOB | Home address | Home phone |
| 3. | Name/title | % of ownership | SSN/DOB | Home address | Home phone |

## Business Banking Relationship

|           |                   |                     |                  |                 |
|-----------|-------------------|---------------------|------------------|-----------------|
| Bank name | Bank contact name | Account number/type | Telephone number | Bank fax number |
|-----------|-------------------|---------------------|------------------|-----------------|

Are there any suits, judgments or tax liens against the Applicant or any of the above principals, or has the Applicant or any of the above principals ever declared bankruptcy?  Yes    No   If yes, explain on a separate page.

## Comments:

## Internal Tracking

|         |          |              |          |
|---------|----------|--------------|----------|
| US Bank | JDMCBRI  | 801-599-9090 |          |
| Banker  | Pref. ID | Phone        | Branch # |

**Submit application through BOAT, Salesforce.com or Fusion**