



# McLanahan Capital

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## CREDIT APPLICATION

### CUSTOMER INFORMATION

EXACT LEGAL NAME OF BUSINESS ENTITY ("Obligor")				TELEPHONE NUMBER	
ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
NATURE OF BUSINESS		FAX NUMBER		FED. TAX NO.	
WEBSITE ADDRESS		GROSS ANNUAL REVENUES		DATE BUSINESS ESTABLISHED (mm/yyyy)	
				DATE CURRENT OWNERSHIP (mm/yyyy)	
BUSINESS STRUCTURE: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> TRUST					
STATE OF ORGANIZATION: _____					

### OWNERS, PARTNERS, GUARANTORS (ATTACH SEPARATE SHEET IF NECESSARY)

PRINCIPAL'S NAME						TITLE		% OWNERSHIP		HOME PHONE NO.		SOC. SEC. NO.			
HOME ADDRESS (STREET)						(CITY)		(STATE)		(ZIP CODE)		<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT		MOBILE PHONE NO.	
ANNUAL SALARY \$		<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN		EMAIL ADDRESS											
PRINCIPAL'S NAME						TITLE		% OWNERSHIP		HOME PHONE NO.		SOC. SEC. NO.			
HOME ADDRESS (STREET)						(CITY)		(STATE)		(ZIP CODE)		<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT		MOBILE PHONE NO.	
ANNUAL SALARY \$		<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN		EMAIL ADDRESS											

### EQUIPMENT INFORMATION

VENDOR/EQUIPMENT DESCRIPTION: YEAR, MAKE, MODEL <input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/>			EQUIPMENT COST			CASH DOWN/TRADE			AMOUNT TO FINANCE/LEASE		
FINANCING/LEASE STRUCTURE \$1.00 LEASE <input type="checkbox"/> 10% PUT <input type="checkbox"/> FMV LEASE <input type="checkbox"/> LOAN <input type="checkbox"/>			FINANCE/LEASE TERM 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>			ADDITION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/>			DELIVERY DATE		
LOCATION OF EQUIPMENT (STREET)			(CITY)			(STATE, COUNTY)			(ZIP CODE)		

### BANK INFORMATION

BANK		BRANCH			FAX NUMBER			TELEPHONE NUMBER		
CURRENT CHECKING ACCT BALANCE		CHECKING ACCOUNT NUMBER(S)			LOAN(S) ORIGINAL BALANCE \$			LOAN(S) CURRENT BALANCE \$		

### TRADE INFORMATION

COMPANY NAME		ACCOUNT NUMBER			TELEPHONE NUMBER			CONTACT PERSON		

The undersigned, each individually as principals and/or guarantors of the Obligor, and on behalf of the Obligor (individually and collectively "Applicant"), hereby affirms that the foregoing information contained in this Credit Application is presented for the purpose of obtaining or maintaining credit as of the date indicated and is true, complete and correct. Applicant understands Vision Financial Group, Inc. is relying on this statement of our financial condition in extending or continuing to extend credit to Applicant. Vision Financial Group, Inc., its affiliates, successors or assigns is/are authorized to make any investigation of Applicant's credit either directly or through any agency employed by Vision Financial Group, Inc. for that purpose. Vision Financial Group, Inc. may disclose to any other interested parties our experience with this account. Applicant agrees to inform Vision Financial Group, Inc. immediately of any matter which will cause any significant change in Applicant's financial condition. Applicant understands that Vision Financial Group, Inc. will retain this application whether or not credit is granted. Vision Financial Group, Inc. may share this application or information contained in or related to it with affiliates of Vision Financial Group, Inc. to determine Applicant's eligibility for other products or services offered by Vision Financial Group, Inc.'s affiliates, unless you write to Vision Financial Group, Inc., at 615 Iron City Drive, Pittsburgh, PA 15205 to advise that you do not want this information shared

<b>X</b>		DATE:			<b>X</b>			DATE:		
PRINTED NAME AND TITLE:					PRINTED NAME AND TITLE:					

**ESTABLISHING A RELATIONSHIP WITH VISION FINANCIAL GROUP, INC:** To help the United States Government fight terrorism and money laundering, it is our policy to request information that identifies each person or business that establishes a relationship with us. Therefore, for businesses we will ask for your business name, street address, and taxpayer identification number. For individuals we will ask for your name, street address, date of birth and social security number. We may also ask to see 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 Manager, 615 Iron City Drive, Pittsburgh, PA 15205 (888-834-3278) 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 Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.