MITSUBISHI HC CAPITAL AMERICA

Mitsubishi HC Capital America, Inc.
P. 800.680.3002

CREDIT APPLICATION

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LESSEE (Please be sure to list exact legal name of entity)

Company		Contact		Title	
Address		City	County	State	Zip
Phone	Fax	Email Address		Number of Employees	
Type of Business (Proprietorship, Partnership, Corp., S Corp., LLC)		State of Incorporation		Federal Tax ID Number	
Years in Business	Under Current Ownership Since	Annual Sales		Tax Exempt (Y/N)	

EQUIPMENT DESCRIPTION (Attach separate list if necessary)

Manufacturer	Description (Model # and Type)		New/Used (if used, year?)
Equipment Cost	Down Payment	Lease Term	Purchase Option
Vendor	Contact	Phone	Delivery Date

****Equipment Location (if different than above):**

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR OWNERS (Attach separate list if necessary)

Name	% Ownership	Title	DOB:	Social Security Number	
Home Address		City		State	Zip
Name	% Ownership	Title	DOB:	Social Security Number	
Home Address		City		State	Zip

COMPANY BANK REFERENCES (Attach separate list if necessary)

Name of Bank/Branch	Checking Account#	Years	Contact	Phone	Fax
Name of Bank/Branch	Savings Account #	Years	Contact	Phone	Fax

BORROWING HISTORY (Attach separate list if necessary)

Name of Finance Co.	Account#	Years	Contact	Phone	Fax
Name of Finance Co.	Account#	Years	Contact	Phone	Fax

WORK REFERENCES – LIST AT LEAST 2 MAJOR CUSTOMERS (Attach separate list if necessary)

Name	City/State	% of Work	Contact	Phone
Name	City/State	% of Work	Contact	Phone

RELEASE: The undersigned hereby certifies that the information provided in this credit application is accurate and complete, as well as authorizes the release or sharing of any credit or financial information to Mitsubishi HC Capital America, Inc., its agents and assigns, and/or any credit bureau or other investigative agency to investigate the references, statements and/or any other information accompanying this application, including but not limited to consumer credit reports on the undersigned. The undersigned expressly authorizes that the references listed above release requested credit and financial information as part of said investigation. As the undersigned, and an authorized agent of my company, I hereby authorize Mitsubishi HC Capital America to execute/file any UCC filing statement on behalf of my company. A copy is valid as an original signature. ***(Please provide the authorized signatures for the officers, owners, partners, members, guarantors, etc. that are involved with and/or associated with the information provided in this application and/or the result of its intent.)***

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

EQUAL CREDIT OPPORTUNITY ACT NOTICE: 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 Credit Disclosure Administrator, at the above address within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the 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, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicants 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 Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.