



BANK OF THE WEST
EQUIPMENT FINANCE
 BNP PARIBAS GROUP

Email the completed application or fax it to (877) 652-699

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BUSINESS

POSITIONING EQUIPMENT FINANCE APPLICATION

CUSTOMER (EXACT LEGAL NAME)			DBA		
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO.
LOCATION OF EQUIPMENT		CITY	STATE	ZIP	FACSIMILE NO.
CELL PHONE NO.			EMAIL ADDRESS		
GROSS ANNUAL SALES	YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP		FEDERAL TAX ID NO. (IF ANY)	
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CO.					STATE OF INCORPORATION
PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS					

OWNERSHIP

PRINCIPAL #1 NAME		TITLE	SOCIAL SECURITY NO.	% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)		
PRINCIPAL #2 NAME		TITLE	SOCIAL SECURITY NO.	% OWNERSHIP	YEARS INDUSTRY EXPERIENCE
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO.
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence Only)		BIRTH DATE (MM/DD/YYYY)		

BANK

BANK NAME	ACCOUNT UNDER NAME OF	BANK CONTACT NAME	CURRENT CHECKING BALANCE	BANK TELEPHONE NO.
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DESIRED TERMS & EQUIPMENT INFORMATION

TERM IN MONTHS <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	END-OF-TERM OPTION <input type="checkbox"/> \$1.00	EQUIPMENT COST	EQUIPMENT TYPE
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HOW WILL THIS EQUIPMENT BE USED IN YOUR BUSINESS?

IS THE EQUIPMENT BEING ACQUIRED FOR YOUR BUSINESS NEW USE EXPANSION AND/OR REPLACEMENT?

DEALER INFORMATION

COMPANY	CONTACT	TELEPHONE NO.
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I understand this equipment application may be approved based on my business and personal credit. I authorize Bank of the West – Trinity Division or its assignees to check references, bank accounts and credit information. NOTE: Financial Statements or tax returns may be required.

X _____
 AUTHORIZED SIGNATURE

 DATE

ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT). If your application business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, Bank of the West – Trinity Division, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (415) 956-5174 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons 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