

Finance Application

Jordan LeClair | 320-290-7912
jleclair@northlandcapital.com

NORTHLAND CAPITAL
EQUIPMENT FINANCE

Legal Name: _____ dba: _____

Business Start Date: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Contact/Mobile Phone: _____

E-mail: _____ Website: _____

☐Corporation ☐Partnership ☐Proprietor ☐Other _____ State of Organization: _____ Date of Organization: _____ Fed ID #: _____

Briefly describe operation: _____

If corporation, partnership or LLC, the following may be requested: either articles of incorporation, partnership agreement or LLC articles of organization. If corporation or LLC, bylaws, operating agreement or similar organizational documents. If other, applicable formation/organization document(s).

Owner*: _____ SSN: _____ DOB: _____ Title: _____ % Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____ Yrs. at address: _____

Owner*: _____ SSN: _____ DOB: _____ Title: _____ % Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____ Yrs. at address: _____

If additional space is needed, please attach separate sheet

***Include copy of drivers license(s)**

Primary Bank: _____ Phone: _____ Officer: _____

Total Assets $_____ **Total Liabilities** $_____

**additional financial information may be requested*

Income Summary *(most recent year 20_____)*

Total Revenue $_____

Net Income $_____

Dealer: _____ Contact: _____ Phone: _____

Is this a replacement unit? ☐Yes ☐No Year: _____ ☐New ☐Used Price: $_____

Make/Model: _____ Description: _____

Sales Tax Exempt: ☐Yes ☐No If yes, Why: _____

Address where equipment will be located: (if different than above) _____

Insurance Company: _____ Agent: _____ Phone: _____

SIGNATURE

All information in this application and all attachments are correct to the best of my knowledge. I authorize Northland Capital and/or its lenders and assigns to verify employment and all financial and other information submitted with this application, including obtaining a consumer credit report, to act on this application. I authorize making continued inquiries about such information and obtaining a consumer credit report during the term of obligations. As required by law, my identity will be verified. I authorize all past or present creditors to release any and all necessary credit information, and to respond fully to requests for information based on this application when transmitted by electronic or other means. The above permissions and authorizations will apply to any creditor to whom this application is submitted. I certify that the obligations applied to hereunder are for business, commercial or agricultural purposes and not for personal, family and household purpose. I certify that authorization has been obtained from those listed above, however have not signed below, to obtain their consumer credit report as they are applying to Northland Capital for credit.

FAIR 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 at 333 33rd Avenue South, Saint Cloud, MN 56301 or 800-471-2122 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 that 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. A number of federal agencies share enforcement responsibilities of this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington, D.C. 20580, 877-382-4357.

X_____ **X**_____ Date: _____