Cybex Capital Corporation
501 Kings Highway East, Suite 301
Phone 774-324-8080 • Fax 800-890-0437

BUSINESS CREDIT APPLICATION

LESSEE	Legal Business Name		Contact	Phone No.
Trade Name (if applicable)				Fax No.
Business Street Address/City/State/Zip Code			E-Mail Address	
Type of Business			Years In Business	Tax Identification No.
Other lenders you have contacted regarding this transaction				
☐ Proprietorship ☐ Corporation (State_____) ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ State or Local Government				

PRINCIPALS (Owners, partners, and principal officers)	Name	Title	Social Security No.	US Citizen? ☐ Yes ☐ No	Home Phone No.
	Home Address/City/State/Zip Code			E-mail Address	
	Name	Title	Social Security No.	US Citizen? ☐ Yes ☐ No	Home Phone No.
	Home Address/City/State/Zip Code			E-mail Address	

REFERENCES	Bank	Account No.	Contact	Phone No.
	Trade Creditor	Account No.	Contact	Phone No.
	Secured Debt or Lease Creditor	Account No.	Contact	Phone No.

VENDOR	Business Name		Contact	Phone No.
	Business Street Address/City/State/Zip		E-mail Address	Fax No.

EQUIPMENT	Equipment Location					Estimated Delivery Date
Quantity	Make and Model		General Description (☐ check if equipment is used)			
KEY TERMS	Total Cost $	Down Payment $	Amount Financed $	Term (months)	Purchase Option $1.00	No. Advance Payments

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, and your successors and assigns as well as your prospective transferees and assigns, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X _____ _____ _____
Signature | Signer's Printed Name | Date

X _____ _____ _____
Signature | Signer's Printed Name | Date

ECOA NOTICE (TO BE RETAINED BY APPLICANT)

Thank you for your business credit application. We will review it carefully and get back to you promptly. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.