Indoff Capital

10024 Office Center Ave. Ste. 150 St. Louis
MO 63128 800.995.6604

BUSINESS APPLICATION

BUSINESS INFORMATION

Legal Company Name _____ DBA (if any)_____

Business Structure: ☐ Corp. ☐ Partnership ☐ Proprietor ☐ LLC Industry _____ No. of Employees: _____

Address _____City_____ State _____ Zip _____

Equipment Location (if different) _____

Company Phone _____Fax _____ Years in Business _____ Years Under Current Management_____

State of Organization / Incorporation _____Federal ID # _____ Website _____

Contact Person _____Phone _____ Email _____

Revenue (prior fiscal year) ☐ <$500,000 ☐ $500,000 - $1,000,000 ☐ $1,000,000-$5,000,000 ☐ >$5,000,000

EQUIPMENT INFORMATION

Dealer_____Sales Rep _____Requested Term: 24, 36, 48, 60 Months (Circle One) Other_____

Equipment _____Cost $_____ ☐ New ☐ Used / Approximate age of equipment: _____

PRINCIPAL INFORMATION

Name _____Title _____ % Owned _____ Phone # _____

Home Address _____Social Security # _____-_____-_____

Name _____Title _____ % Owned _____ Phone # _____

Home Address _____ Social Security # _____-_____-_____

To be completed for each owner of 20% or more. If there are additional owners, please list on Page 2.

BANK INFORMATION

Bank Name 1 _____ Branch Location _____ Officer _____

Phone # _____ Account # _____ Type of Account _____

TRADE REFERENCES

Name of Supplier _____ Phone # _____ Contact _____

Insurance Name _____ Phone #_____ Contact _____

Landlord _____ Phone #_____ Contact _____

ACKNOWLEDGEMENT AND AUTHORIZATION

The undersigned individual acknowledges that the above noted Principals have been made aware of this business purpose application for credit to Indoff Capital or it designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A copy of this authorization shall be valid as the original. I understand that by providing our company's phone, fax or email information, I consent to receive all phone, fax or email communications sent by or on behalf of Indoff Capital By signature below, I affirm the identity of the respective individual/s identified in the above application and acknowledge they have received authorization and notices of the application.

AUTHORIZED SIGNATURE: X_____ **TITLE:** _____ **DATE:** _____

Mike Sica

678-239-3737

Send completed application to msica@cancapital.com

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ADDITIONAL PRINCIPAL/GUARANTOR INFORMATION

TO BE COMPLETED FOR EACH OWNER OF 20% OR MORE OF COMPANY

Name _____Title _____ % Owned _____ Phone # _____

Home Address _____Social Security # _____-_____-_____

Name _____Title _____ % Owned _____ Phone # _____

Home Address _____ Social Security # _____-_____-_____

Name _____Title _____ % Owned _____ Phone # _____

Home Address _____Social Security # _____-_____-_____

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person presented on this application. We may also ask for copies of drivers' licenses, tax IDs, or other identifying documents. By providing us with any telephone numbers for cellular phones or other wireless devices, you are expressly consenting to receiving any communications at those numbers - including but not limited to prerecorded or artificial voice message calls, text messages and calls made by an automatic telephone dialing system - from Indoff Capital and its affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose.

ECOA Notice

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 that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for that 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 compliance with this law concerning this creditor is the Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580.

Mike Sica

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