

## Confidential Credit Application

(Please print or type if faxing or submitting by mail)  
Please complete ALL areas on the Application

<b>Company and Contact Information:</b> (This application is for U.S. entities and residents only.)						
Business Legal Name:		Contact Name & Title:			Office Phone: (     )     -	
Email Address:			Cell Phone if applicable: (     )     -		Fax: (     )     -	
Company Address:				City	State	Zip Code
County						
Billing Address: (if different from above)						
Address of Equipment Location:						County
Legal Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Municipality	<input type="checkbox"/> Sub S	<input type="checkbox"/> Proprietorship
Have you ever previously financed with Textron Financial Corporation?  <input type="checkbox"/> Yes, if so Account Number _____  <input type="checkbox"/> No		Exempt from Sales/Use Tax <input type="checkbox"/> Yes ( <b>attach copy of sales exemption certificate</b> ) <input type="checkbox"/> If No; please provide sales tax rate for equipment location		State of Incorporation: _____  Date of Incorporation: _____  Federal Tax ID #: _____		
Years in Operation:		Years under Current Owners :		# of Members if Golf Club:		
<b>Principals/Partners/Owners:</b>						
<b>Name:</b>		<b>% Owned</b>		<b>Home Address:</b>		<b>Social Security Number:</b>
Parent Company Name (if subsidiary):				Parent Address:		

**Finance Transaction Information: (Attach copy of Sales Proposal or Invoice with individual pieces of equipment listed):** Salesman \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Finance Type:</b>  <input type="checkbox"/> Loan & Security Agreement <input type="checkbox"/> Operating Lease / FMV purchase option <input type="checkbox"/> Nominal Lease (Dirty Lease) <input type="checkbox"/> Municipal Lease	<b>Summary of Equipment Selling Price:</b>	\$
	<b>Applicable Sales Tax:</b>	\$
	<b>Documentation Fee:</b>	\$ 175.00
	<b>(Down Payment/Trade-In):</b>	(\$)
	<b>Payoff of Trade-In:</b>	\$
	<b>Total Financed Amount:</b>	\$

<b>TFC Finance Program</b>	Term: _____ months If FMV Lease list annual hours needed _____	<b>Payment Amount:</b> (#) _____ Payments of \$ _____ .00 and/or payment factor used: _____	<b>Payment Schedule:</b> <input type="checkbox"/> Equal Monthly <input type="checkbox"/> Skips: _____ (Indicate months with skips)
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**Banking and Trade References: (Attach a reference list, if available)**

<b>Bank References:</b>		<b>Addresses:</b>	
Bank Name:	Phone ( ) -		
Account Number(s):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Loan <input type="checkbox"/> Other	Bank Officer: _____ Fax: ( ) -
Bank Name:	Phone ( ) -		
Account Number(s):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Loan <input type="checkbox"/> Other	Bank Officer: _____ Fax: ( ) -

The undersigned authorized individual(s), represents that the information provided by the "Credit Applicant" to TEXTRON INC, and all subsidiaries thereof including but not limited to Textron Financial Corporation (collectively, "Textron") is true and correct. In the event of credit approval from Textron, Credit Applicant hereby grants a security interest in the property to be financed by Textron and agrees that Textron may file a UCC Financing Statement with respect to such property. Authorization is hereby given to all credit reporting agencies, banks and other companies to release credit and financial information to Textron from time to time, which Textron deems necessary to establish and maintain credit. Credit Applicant agrees to provide or will cause its principals to provide any additional information upon request, in a form acceptable to Textron.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Authorized Officer/Owner

\_\_\_\_\_  
Authorized Officer/Owner

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 that 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 Protecting Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580. This is to advise you that if your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact the office listed above within sixty (60) days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within thirty (30) days of your request for the statement.