

COMPANY

| Exact Legal Name | | | | | EIN# | | |
|-------------------------------|--|-------|-----------------|----------------|--------|--|--|
| DBA | | Phone | | | Fax | | |
| Street Address | | | | | | | |
| City | State | 2 | Zip | | County | | |
| Business Description | | | | # of Employees | | | |
| Years in Business (ownership) | Business Structure (highlight) Corporation | | Sole Proprietor | Partnership | | | |
| Contact | Phone | | Fax | | Email | | |

PRINCIPALS

| Name | % Own | Title | SS# | |
|--------------|-------|-------|-------|-----|
| Home Address | | City | State | Zip |
| Name | % Own | Title | SS# | |
| Home Address | | City | State | Zip |

BANK REFERENCE

| Bank Name | Phone | Fax |
|-----------------|-------------|---------|
| Checking Acct # | Loan Acct # | Officer |
| Bank Name | Phone | Fax |
| Checking Acct # | Loan Acct # | Officer |

TRADE ACCOUNTS

| Name | Phone | Contact | Date Open / / | | | | |
|--|-------|---------|---------------|--|--|--|--|
| Name | Phone | Contact | Date Open / / | | | | |
| Name | Phone | Contact | Date Open / / | | | | |
| Installation Location (if other than lessee's above address) | | | | | | | |

TOTAL COST (including program options, third-party products, training, etc)

\$ _____

TERM (highlight):

O 24 O 36 O 48 O 60 Months

BUY-OUT (highlight):

O 10% Option O \$1 Option

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes GORDON MACHINERY SOLUTIONS its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. Such authorization shall extend to obtaining bank, trade and a credit profile in 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 fax or photocopy of this authorization shall be valid as the original.