

Equipment Financing Application

ESTIMATE PAYMENT

These are estimates only and are subject to change at any time.

Enter your equipment cost and select a preferred monthly payment estimate.

Equipment Cost _____

Equipment Supplier _____

DEFERRAL

60 MONTHS

72 MONTHS

30 DAYS

90 DAYS

180 DAYS

6 at \$0, 6 at \$99, then

Equipment Description _____

BUSINESS

Legal Business Name _____

Federal Tax ID _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Main Contact _____

Date Established Under

Current Ownership _____

Business Type

Proprietorship

Partnership

Professional Corporation

Other: _____

PERSONAL INFORMATION

PRINCIPAL 1 – all fields required

Name _____ SSN _____

Address _____ DOB _____

City _____ State _____ Zip _____

Personal Email _____ Cell Phone _____

Prof. License # _____ % Company Ownership _____

PRINCIPAL 2 – all fields required if applying for joint credit

Name _____ SSN _____

Address _____ DOB _____

City _____ State _____ Zip _____

Personal Email _____ Cell Phone _____

Prof. License # _____ % Company Ownership _____

AUTHORIZATION

We intend to apply for credit jointly:

Principal 1 Initials _____

Principal 2 Initials _____

Principal 1 Signature _____ Date _____

Principal 2 Signature _____ Date _____

Important Information about opening a new account: Federal law requires financial institutions to obtain sufficient information to verify your identity. **What this Means for You:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for a driver's license or other identifying documents to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. Applicant hereby authorizes the release of business and/or personal credit information to Bank Midwest and OnePlace Capital, a division of Bank Midwest, its divisions, assignees and partners, (1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, (2) to any credit reporting agency, now and from time to time as may be needed in the credit evaluation and review process, and waives any right or claim they would otherwise have under the Federal Credit Reporting Act in the absence of this continuing consent. (3) Applicant hereby represents all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original. 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: Credit Operations, OnePlace Capital, 505 Market Street, Suite 110, West Des Moines, IA 50266, or call 888.394.0186 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving 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 (providing the applicant has the capacity to enter into a binding contract), because all of 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: **Federal Reserve Consumer Help Center, PO Box 1200, Minneapolis, MN 55480.**

FINANCING QUESTIONS?

Contact me. I'm here to help.

Tony Biondi

direct: 712.336.7669

toll free: 888.394.0186

tbiondi@oneplacecapital.com

SUBMIT YOUR APPLICATION

Upload your completed, signed application securely:

oneplace.bank/upload/