



**DEALER INFORMATION**

Email completed application to: [applications@financial-svcs.com](mailto:applications@financial-svcs.com) or contact your Regional Sales Manager

DEALER / DISTRIBUTOR NAME	CONTACT	TELEPHONE NO.
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**BUSINESS INFORMATION**

BUSINESS NAME (EXACT LEGAL NAME) <sup>1</sup>		LEGAL ENTITY <input type="checkbox"/> CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOV'T/MUNI <input type="checkbox"/> OTHER		
PRIMARY BUSINESS STREET ADDRESS (NO P.O. BOXES)		CITY	STATE	ZIP
PHONE NO.	MOBILE NO. (REQUIRED) <sup>2</sup>	EMAIL (REQUIRED)		NUMBER OF EMPLOYEES <sup>3</sup> (REQUIRED)
Trade Style/DBA	State of Organization	YEARS IN BUSINESS	Date Established	
FEDERAL TAX ID NO. / EIN or SSN for Sole Prop (REQUIRED)		BUSINESS VOCATION/DESCRIPTION (WHAT DOES YOUR COMPANY DO?)	IS THIS INTERCOMPANY LEASING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS YEAR GROSS ANNUAL REVENUE OF APPLICANT AND ITS AFFILIATES <sup>4</sup> (REQUIRED) \$				

**ADDITIONAL PARTY** Required for each owner with an equity interest of 25% or more and each guarantor, as well as any one individual with a significant ability to manage or control the entity. Use an addendum if needed.

PARTY - CO BORROWER OR GUARANTOR		BUSINESS NAME (EXACT LEGAL NAME) <sup>1</sup>		LEGAL ENTITY <input type="checkbox"/> CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOV'T/MUNI <input type="checkbox"/> OTHER		
HOME STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE NO.	
PHONE NO.	MOBILE NO. (REQUIRED) <sup>2</sup>	EMAIL (REQUIRED)		DATE OF BIRTH	FEDERAL TAX ID or SSN (individual only)	
PARTY - CO BORROWER OR GUARANTOR		BUSINESS NAME (EXACT LEGAL NAME) <sup>1</sup>		LEGAL ENTITY <input type="checkbox"/> CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOV'T/MUNI <input type="checkbox"/> OTHER		
HOME STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE NO.	
PHONE NO.	MOBILE NO. (REQUIRED) <sup>2</sup>	EMAIL (REQUIRED)		DATE OF BIRTH	FEDERAL TAX ID or SSN (individual only)	

**BANK AND SECURED LOAN OR LEASE REFERENCES** Use addendum if needed for additional references.

REFERENCE TYPE: BANK OR FINANCE COMPANY	BUSINESS NAME	PHONE NO.	CONTACT (FIRST, LAST)
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**EQUIPMENT DESCRIPTION / TERMS OF SALE** If available, provide a Sales Order with the equipment list and pricing details as an attachment.

EQUIPMENT DESIGNATION <input type="checkbox"/> NEW <input type="checkbox"/> USED	<input type="checkbox"/> LOAN <input type="checkbox"/> LEASE	TERM	END-OF-LEASE TERM OPTIONS <input type="checkbox"/> \$1 <input type="checkbox"/> FMV <input type="checkbox"/> OTHER _____	YEAR	MAKE	MODEL	Titled Vehicle? <input type="checkbox"/>
Sales Price	Taxes	Net Trade-In	Down Payment	Rental Credit	Doc Fee	Total Financed	Titled State _____
Equipment Location Street Address				City	State	Zip	

**TRADE-IN**

QUANTITY	Make	Year	Model	VIN/SERIAL #
TRADE ALLOWANCE	PAYOFF AMOUNT	PAYOFF GOOD THROUGH	LIEN HOLDER	IF BMO, INCLUDE CONTRACT NUMBER

By signing this application, each of the undersigned confirms that they have read and understand this application.

APPLICANT/AUTHORIZED REPRESENTATIVE/GUARANTOR SIGNATURE	TITLE	DATE

<sup>1</sup> For an individual/sole proprietor, use full legal name (first, middle initial, and last) exactly as it appears on a current valid driver's license. For a legal entity, use the full legal name of the entity. <sup>2</sup> Mobile # is required to text you a one-time passcode to verify your identity before collecting information electronically, and to send other transaction notifications. <sup>3</sup> The number of workers includes full-time, part-time, and seasonal workers of the applicant and its affiliates, as well as contractors working primarily for the applicant and its affiliates. It does NOT include the principal owners of the applicant or any volunteers. <sup>4</sup> "Affiliate" is defined in the regulations of the U.S. Small Business Administration. Generally, entities are affiliates of each other when one controls or has the power to control the other, or a third party or parties control or have the power to control both. It does not matter whether the control is actually exercised, as long as the power to control exists. A few common examples of "affiliates" are majority-owned subsidiaries and sibling companies that share the same ownership. Refer to <https://www.ecfr.gov/current/title-13/section-121.103> for further guidance.

**REPORTING AND NEGATIVE INFORMATION.** We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults may be reflected in your credit report.

**REPRESENTATIONS:** By signing below, I represent for each borrower, guarantor, and other individual indicated above (each an "Applicant") that (i) this Application is for a loan or lease of goods for commercial or governmental purposes and not for property to be used primarily for personal, family, or household purposes; (ii) I am signing either as an individual Applicant or as an authorized representative of such Applicant; and (iii) the information contained in this Application is true, correct and complete. The following authorizations (i) apply to this Application and subsequently for the purposes of extending, reviewing, updating, and collecting credit; and are granted to BMO Bank N.A. and its affiliates, assigns, or potential assigns (collectively, "BMO"), and any unaffiliated institution or potential creditor to which this Application is referred (collectively with BMO, the "Financing Sources") A copy of these authorizations shall be valid as the original.

**AUTHORIZATIONS:** By signing below, I (individually and on behalf of any entity, as the case may be) hereby authorize (i) BMO to refer this Application to any other Financing Source, (ii) any Financing Source to request, obtain, and disclose information bearing on an Applicant's creditworthiness, credit standing, credit capacity, general reputation, personal characteristics or mode of living, including credit reports, references and background checks (collectively, "Credit Information"), including without limitation disclosing Credit Information to any vendor from which the Applicant may be purchasing items or obtaining services; (iii) credit reporting agencies, Applicant's banks and other third parties to provide Credit Information to any Financing Source.

**TCPA NOTICE:** You agree that Bank, Bank affiliates, agents, and service providers may monitor and record telephone calls regarding your account to assure the quality of service, and any other lawful purpose, and your voice may be used to authenticate you. You also expressly consent to the Bank, Bank affiliates, agents, and service providers to use written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, e-mails, and/or automatic telephone dialing systems. You agree Bank, Bank affiliates, agents and service providers may do so using any e-mail address or any telephone number you provide to us at any time, including a number for a cellular phone or other wireless device, regardless of whether charges are incurred as a result.

**CALIFORNIA RESIDENTS ONLY:** To learn more about the personal information we collect and your rights under the California Consumer Privacy Act, visit or click <https://www.bmo.com/ccpanotice>.

**ECOA 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, or 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, 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 Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20552. If your application for business credit is denied or conditionally approved, you have the right to a written statement of the specific reasons for the denial or the conditional approval. To obtain the statement, please contact the Credit Manager, 1625 W. Fountainhead Pkwy, 10<sup>th</sup> Floor, Tempe, AZ 85282, (800) 266-3255 within 60 days from the date you are notified of such denial or condition. We will send you a written statement of the reasons for denial within 30 days of receiving your request for the statement.

**IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH BMO BANK:** To help the United States government fight terrorism and money laundering, federal law requires financial institutions to obtain, verify, and record information that identifies each person who establishes a relationship with the financial institution. Therefore, for businesses, we will ask for your business name, street address, and taxpayer identification number. For individuals, we will ask for your name, street address, date of birth, and Social Security number. We may also ask for other identifying information and to see your driver's license or other identifying documents. Thank you for your cooperation