

# Application

**SCI Leasing Group**

**800-435-4700 Fax 317-758-3003**

|           |                                                                                                                                                                  |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------|---------|-------|
| GENERAL   | Applicant's Name (Last, First, Middle Initial)                                                                                                                   |                       |                                                         | SS #                                                                                                                                                                                                                                                                                                   | Date of Birth  | Current SCI Customer?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |         |       |
|           | Mailing Address                                                                                                                                                  |                       |                                                         | City                                                                                                                                                                                                                                                                                                   | State          | Zip                                                                               |         |       |
|           | Physical Address (If different than mailing address)                                                                                                             |                       |                                                         | County (Required)                                                                                                                                                                                                                                                                                      | E-Mail Address |                                                                                   |         |       |
|           | Home Phone                                                                                                                                                       | Business Phone        | Cell Phone                                              | Marital Status:<br><input type="checkbox"/> Married <input type="checkbox"/> Single<br><input type="checkbox"/> Separated                                                                                                                                                                              |                | Drivers License #                                                                 |         |       |
|           | Description of Business                                                                                                                                          |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           | Legal Name of Business Under Which You Operate                                                                                                                   |                       |                                                         | Type of Business: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation<br><input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Other (Please specify) _____ |                |                                                                                   |         |       |
|           | Federal Tax ID #                                                                                                                                                 |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           | If Business Type is Partnership, LLC or Corporation, Please Provide Information for all Partners, Owners, or Officers Below                                      |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           |                                                                                                                                                                  | Owner/Partner/Officer | SS#                                                     | Residence (City, State)                                                                                                                                                                                                                                                                                | Date of Birth  | Telephone                                                                         | % Owned | Title |
|           |                                                                                                                                                                  |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
| AGREEMENT | Equipment Use: Farm ___% Custom Work ___% Construction ___% Commercial ___% Industrial ___% Rental Yard ___% Personal ___%<br>Other ___% (Please Describe) _____ |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           | Years In Business                                                                                                                                                |                       | County, State, Township In Which Equipment Will Be Kept |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           |                                                                                                                                                                  | Primary Lender Name   | City, State                                             | Telephone                                                                                                                                                                                                                                                                                              | Contact Name   |                                                                                   |         |       |
|           | Operating                                                                                                                                                        |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           | Machinery                                                                                                                                                        |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           | Bank                                                                                                                                                             |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           | Have you ever filed bankruptcy? _____                                                                                                                            |                       |                                                         | Are you a party to a lawsuit? _____                                                                                                                                                                                                                                                                    |                |                                                                                   |         |       |
|           | Do you have any unsatisfied judgments? _____                                                                                                                     |                       |                                                         | Do you have any loans with FSA? _____                                                                                                                                                                                                                                                                  |                |                                                                                   |         |       |
|           | Do you have any accounts past due? _____                                                                                                                         |                       |                                                         |                                                                                                                                                                                                                                                                                                        |                |                                                                                   |         |       |
|           | Financial Information                                                                                                                                            | Total Assets \$       | Total Liabilities \$                                    | Total Sales Last Year \$ _____                                                                                                                                                                                                                                                                         |                | Profit/Loss Last Year \$ _____                                                    |         |       |

**Complete This Section If You Have Income From Agriculture**

|           |                                                                                                                     |  |         |                 |  |                                 |  |
|-----------|---------------------------------------------------------------------------------------------------------------------|--|---------|-----------------|--|---------------------------------|--|
| AG        | Do You Farm? Full Time _____ Part Time _____ # of Acres Owned _____ # of Acres Rented _____ # of Acres Custom _____ |  |         |                 |  |                                 |  |
|           | Major Crops or Livestock                                                                                            |  |         |                 |  |                                 |  |
|           | Description of Operation                                                                                            |  |         |                 |  |                                 |  |
| EQUIPMENT | Dealer                                                                                                              |  | Contact |                 |  | Phone                           |  |
|           | Equipment Description                                                                                               |  |         |                 |  |                                 |  |
|           |                                                                                                                     |  |         |                 |  |                                 |  |
|           | Equipment Cost                                                                                                      |  |         | Lease Term      |  | Payment Frequency <b>Annual</b> |  |
|           | Residual <b>10%</b>                                                                                                 |  |         | Advance Payment |  | Next Payment Due                |  |
|           | Is Equipment Subject to Sales Tax? <b>No</b>                                                                        |  |         | Other Details   |  |                                 |  |
|           |                                                                                                                     |  |         |                 |  |                                 |  |

For the purposes of obtaining credit, I (we) certify that all information on this application is true and correct. I grant SCI Leasing Group permission to obtain a credit report on me in connection with this transaction for all legitimate purposes. I (we) grant permission for the creditors listed above to provide all information requested by SCI Leasing Group. I (we) certify that this equipment is to be used for commercial, agricultural or business purposes and not for personal, family or household purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_