

Rate Factors*	12 Months	24 Months	36 Months	48 Months	60 Months
\$15,000 +	0.087800	0.046030	0.032150	0.025243	0.021124

*Note: rates are subject to change without notice.

COST	TERM	MONTHLY PAYMENT
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS:			BUSINESS CONTACT:		
STREET ADDRESS:		CITY:	STATE:	Zip:	COUNTY:
PHONE:		CELL:		EMAIL:	
DESCRIPTION OF BUSINESS:			WEBSITE:		
YEARS IN BUSINESS/DATE INCORPORATED:		STATE INCORPORATED:		FEDERAL TAX ID NUMBER:	
TYPE OF BUSINESS: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC			PROFESSIONAL LICENSE #:		

PRINCIPAL INFORMATION

NAME:		OWNERSHIP %:	NAME:		OWNERSHIP %:
HOME ADDRESS:			HOME ADDRESS:		
SOCIAL SECURITY NUMBER:		PROVIDING A GUARANTEE? Y/N <input type="checkbox"/> Yes <input type="checkbox"/> No	SOCIAL SECURITY NUMBER:		PROVIDING A GUARANTEE? Y/N <input type="checkbox"/> Yes <input type="checkbox"/> No
EQUIPMENT DESCRIPTION:			EQUIPMENT LOCATION ADDRESS:		
SALES REPRESENTATIVE:			SALES REPRESENTATIVE PHONE / EMAIL		

ACKNOWLEDGEMENT

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligation, provides written instruction to Mitsubishi HC Capital America, Inc. or its designee (and any assignee or potential assignee thereof) authorizing your banks, trade references, and other financial institutions to release credit information to Mitsubishi HC Capital America and review of your personal credit profile from a national credit bureau as required. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo stat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the application received. You also represent that the information you have provided is true and accurate.

BUSINESS NAME: _____

Signed: _____ Date: _____ Title: _____

Signed: _____ Date: _____ Title: _____

Please send completed application to:
Daniel Swail
 Relationship Manager
 T 612 961 1910
 @ dswail@vendorservicesgroup.com

