



CREDIT APPLICATION

For the very best lease structure and rate please complete this application fully and accurately. You may email your completed form to tisha@stillwaterleasing.com, FAX to (406) 839-2319, or mail to 6844 S Frontage Road, Billings, MT 59101. Thank You!

BUSINESS INFORMATION									
COMPANY LEGAL NAME					CONTACT			DATE	
DBA OR TRADESTYLE					WEBSITE				
ADDRESS			CITY	COUNTY	STATE	ZIP	PHONE #		
EQUIPMENT LOCATION ADDRESS (IF DIFFERENT)			CITY	COUNTY	STATE	ZIP	FAX #		
BUSINESS DESCRIPTION					EMAIL ADDRESS				
CORPORATE SECRETARY				STATE OF ORGANIZATION			STRUCTURE OF OWNERSHIP		
DATE EST.	YRS OWNERSHIP	YRS/CURR ADD	# OF EMPLOYEES	FED TAX ID #		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		<input type="checkbox"/> L.L.C <input type="checkbox"/> SUB CHAPTER S <input type="checkbox"/> PUBLIC	

OWNERSHIP INFORMATION (Account for 100% ownership)									
PRINCIPAL'S NAME				TITLE		%OF OWNERSHIP	E-MAIL ADDRESS		
HOME ADDRESS				<input type="checkbox"/> RENT HOW LONG <input type="checkbox"/> OWN		SOC SEC #	HOME PHONE #		
PRINCIPAL'S NAME				TITLE		%OF OWNERSHIP	E-MAIL ADDRESS		
HOME ADDRESS				<input type="checkbox"/> RENT HOW LONG <input type="checkbox"/> OWN		SOC SEC #	HOME PHONE #		
PRINCIPAL'S NAME				TITLE		%OF OWNERSHIP	E-MAIL ADDRESS		
HOME ADDRESS				<input type="checkbox"/> RENT HOW LONG <input type="checkbox"/> OWN		SOC SEC #	HOME PHONE #		

BANKS/LENDERS									
BANK/LENDER NAME					NAME ON ACCOUNT				
CONTACT NAME			PHONE #	FAX #	DATE OPENED	AVERAGE BALANCE \$			
<input type="checkbox"/> CHECKING ACCT. # _____		<input type="checkbox"/> LEASE ACCT. # _____							
<input type="checkbox"/> SAVINGS ACCT. # _____		<input type="checkbox"/> LOAN ACCT. # _____							
BANK/LENDER NAME					NAME ON ACCOUNT				
CONTACT NAME			PHONE #	FAX #	DATE OPENED	AVERAGE BALANCE \$			
<input type="checkbox"/> CHECKING ACCT. # _____		<input type="checkbox"/> LEASE ACCT. # _____							
<input type="checkbox"/> SAVINGS ACCT. # _____		<input type="checkbox"/> LOAN ACCT. # _____							

TRADES/SUPPLIERS

COMPANY NAME	PHONE	CONTACT NAME	ACCOUNT #

EQUIPMENT VENDOR

VENDOR NAME	CONTACT NAME	PHONE #
YEARS IN BUSINESS		FAX#
ADDRESS	DELIVERY DATE	P.O. NEEDED
EQUIPMENT DESCRIPTION (MAKE, MODEL, SERIAL #...)	E-MAIL ADDRESS	WEBSITE

TERM REQUEST

LEASE AMOUNT \$	LEASE TERM MONTHS	END OF LEASE OPTION <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> FMV
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FINANCIAL

(If request exceeds \$20,000 additional financial disclosure required)

APPROXIMATE ANNUAL SALES \$	APPROXIMATE ANNUAL PROFIT \$
What does your business do? _____	
Have you ever leased before? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, with whom? _____	

APPLICANTS AUTHORIZATION - BUSINESS

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. Stillwater Leasing, LLC is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them).

DATE	SIGNATURE	TITLE
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CREDIT AUTHORIZATION - OWNERS

By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instruction to Stillwater Leasing, LLC, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. The undersigned individuals release and indemnify Stillwater Leasing, LLC and its designees, successors, assigns and funding source partners from any and all liability associated with obtaining the aforesaid credit report. A photocopy or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in the related application.

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE

If your application for commercial credit is denied, you have the right to a written statement of the specified reasons for denial. To obtain the statement, please write our Credit Manager, 6844 S. Frontage Road, Billings, MT 59101 within 60 days of the date you are notified of our decision. We will send you a written statement detailing our reasons for decline within 30 days of receiving your request. 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 or part of the applicants income derives from an 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 is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.