

Equipment Financing Application



MaTran DBA Master's Financial Services | 800 Quik Trip Way | Belton, MO

04012

Attention:	E-mail:	Phone:	Fax:
Applicant Full Legal Name		Phone No.	Fax No.
Company Headquarters Office Address (Street Name, City, State, ZIP)			Tax ID No./SSN (required)
Email Address			State of Organization
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #

Nature of Business (required):

Years in Business:	No. of Employees:	Annual Revenue \$	Backlog \$
Management Company Name		Phone No.	Fax No.
Address			Website
<input type="checkbox"/> New Equipment Purchase	Purpose: <input type="checkbox"/> Growth <input type="checkbox"/> Replacement <input type="checkbox"/> Refinance	Approx. Delivery Date:	
<input type="checkbox"/> Used Equipment Purchase			

Type of Financing Desired			Lease/Loan Term					
Loan <input type="checkbox"/>	Lease (TRAC <input type="checkbox"/>	%	Lease (Fair Market Value/Operating Lease) <input type="checkbox"/>	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60	<input type="checkbox"/> 72	<input type="checkbox"/> 84

Dealer Name (Supplier of Equipment)	Phone No.
Dealer Address	Fax No.

Equipment Description (include model year, if used)	Equipment Price \$
	- Less Trade \$
	- Less Down Payment \$
Insurance Agent (Liability & Property)	Phone No.
	= Financed Amount \$

Equipment Location / Non-U.S. Activities

Will the Equipment be domiciled or travel within 100 miles of Mexico more than 25% of the annual miles? No Yes

Will the Equipment be used outside of the United States? No Yes
If yes, list all countries and complete **Cross Border Activity Form**:

Will payments originate from non-U.S. locations? No Yes
If yes, list the countries from which the payments will originate:

Please list all countries in which the applicant, its affiliates, and subsidiaries conduct activities or have assets located:

Name and Address of Any Third Party Operators:

BENEFICIAL OWNER AND GUARANTOR INFORMATION: Complete this section for all beneficial owners (individuals) with 10% or more in company ownership. If there are no Beneficial Owners with at least 10% ownership, then provide at minimum one individual with significant responsibility for managing the legal entity such as:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Beneficial Owner/Guarantor	SSN/Tax ID No.	% Company Ownership
Primary Address (Street Name, City, State, ZIP)	Phone No.	State of Organization
<input type="checkbox"/> Corporation	Date of Birth	Country of Citizenship
<input type="checkbox"/> LLC		Non-U.S.: Passport #
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Individual		

Beneficial Owner/Guarantor		SSN/Tax ID No.	% Company Ownership
Primary Address (Street Name, City, State, ZIP)		Phone No.	State of Organization
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #
Beneficial Owner/Guarantor		SSN/Tax ID No.	% Company Ownership
Primary Address (Street Name, City, State, ZIP)		Phone No.	State of Organization
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #
Beneficial Owner/Guarantor		SSN/Tax ID No.	% Company Ownership
Primary Address (Street Name, City, State, ZIP)		Phone No.	State of Organization
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	Date of Birth	Country of Citizenship	Non-U.S.: Passport #

Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever been convicted of a Felony? No Yes
 If yes, please explain:

Has the Applicant, Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy? No Yes
 If yes, date filed and please explain:

Related Companies (Please indicate affiliation. Ex: Subsidiary, Common Ownership)

Company Name	Affiliation
Company Name	Affiliation
Company Name	Affiliation

Top Customers

_____ % of annual sales	Name _____	City, State _____
_____ % of annual sales	Name _____	City, State _____
_____ % of annual sales	Name _____	City, State _____

References

Bank	Business and/or Personal Acct No.	Contact Name	Phone No.
Finance Company	Account No.	Contact Name	Phone No.
Finance Company	Account No.	Contact Name	Phone No.

Comments

Fleet Statistics

	Owned	Financed	Total	Average Age
Number of Motorcoaches				
Number of Shuttles/Buses:				
Average Annual Miles per bus:				
Current Aggregate Monthly Loan/Lease Payments: \$				
Fuel Surcharges: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Certification

The undersigned certify to Master's Financial Services (a dba of MaTran), its parent, and affiliates (collectively, "MFS") that the information stated in this application is true and correct. The undersigned understand that MFS will retain this application whether or not it is approved. MFS and/or entities to whom MFS refers this application (each a "MFS Party") are authorized to check the credit and employment history of the undersigned (including criminal background checks), obtain insurance information, and to answer questions about their credit experience with the undersigned. The undersigned authorize each MFS Party to contact any creditors of the undersigned and authorize any creditor so contacted to release to such MFS Party such information as such MFS Party may request. The undersigned further authorize each MFS Party to share this application and the undersigned's information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.

PLEASE NOTE: At least one Beneficial Owner/Guarantor and all individual Guarantors listed above must sign this application. For additional Beneficial Owners/Guarantors, please provide information as shown above on a separate document.

Applicant Signature

Date

Applicant/Guarantor Signature

Date

Applicant/Guarantor Signature

Date

Applicant/Guarantor Signature

Date

Notice to Applicants and Guarantors: To help the government fight the funding of terrorism, narcotics trafficking, trans-national organized crime, and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents and information relating to beneficial owners and we may verify compliance by you and other beneficial owners with requirements of U.S. Federal laws.