



1st Source Bank Specialty Vehicle Division
 100 North Michigan, 3rd Floor
 South Bend, IN 46601
 Phone: (574) 235-2144 Fax: (574) 235-2677

LEGAL COMPANY NAME		PHONE NUMBER	FAX NUMBER	
TRADE NAME (IF DIFFERENT FROM LEGAL NAME)		CONTACT NAME	FEDERAL ID#	
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INCORPORATED <input type="checkbox"/> NON-PROFIT/MUNICIPAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUB "S"	IF INCORPORATED, WHAT YEAR AND WHICH STATE?
YEAR BUSINESS STARTED	NATURE OF BUSINESS			YR _____ ST _____
ANNUAL REVENUES: \$ _____		HAS COMPANY EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YEAR _____		CURRENT NUMBER OF VEHICLES IN FLEET

OWNERSHIP INFORMATION

Please complete all columns for all owners and key managers of the business. Ownership must total 100%. Attach schedule if needed.

FULL NAME	ADDRESS		% OWNERSHIP	SSN/TAX ID#	DATE OF BIRTH	U.S. CITIZEN (Y/N)
		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE				
		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE				

COMPANY FINANCE INFORMATION

PRIMARY BANK NAME	BANK CONTACT
ACCOUNT NUMBER	BANK PHONE NUMBER

VEHICLE(S) BEING PURCHASED

NEW/USED	YEAR	MAKE	MODEL	BODY/EQUIPMENT	MILEAGE	EQUIPMENT COST	TAXES	TOTAL

IS VEHICLE(S) TO BE FINANCED: REPLACEMENT ADDITIONAL PROJECTED ANNUAL MILEAGE: _____

TERMS DESIRED

<input type="checkbox"/> LOAN <input type="checkbox"/> LEASE	TERM	DESIRED MONTHLY PAYMENT	DOWN PAYMENT AMOUNT	<input type="checkbox"/> ADVANCE <input type="checkbox"/> ARREARS	RESIDUAL
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TRADE REFERENCES

COMPANY NAME	ADDRESS	CONTACT PERSON	PHONE

EQUAL CREDIT OPPORTUNITY STATEMENT: 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); or because all or part of the Applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that oversees 1st Source Bank's compliance with this law is: Federal Reserve Bank Consumer Help, P.O. Box 1200, Minneapolis, MN 55480, Phone: (888) 851-1920.

PERSONAL INFORMATION AUTHORIZATION: If Applicant is an individual, then the undersigned hereby authorizes 1st Source Bank to obtain a consumer credit report and otherwise verify, in any manner it deems appropriate, the undersigned's employment history and income, bank accounts, payment histories, and income tax returns. This authorization remains in effect now and during the life of the undersigned's relationship with 1st Source Bank. A copy of this authorization may serve as the original and be used as a duplicate original.

INFORMATION REQUIRED: 1st Source Bank will require information from Applicant that 1st Source Bank regularly obtains and considers in evaluating credit applications for the purpose and amount of the credit requested. The Bank may require a Personal Financial Statement.

NOTICE OF CREDIT DECISION: 1st Source Bank will notify Applicant of its credit decision within 30 days of receipt of a completed credit application. If the application is declined, 1st Source Bank will provide this notice in writing for all small business applicants.

EMAIL AUTHORIZATION You have requested that we send account information documents by regular email. While email is an efficient and effective means of communicating, it is not secure. There are risks of improper interception and other unintended disclosure of sensitive, confidential, or proprietary information. 1st Source cannot control these risks and does not assume any responsibility for them. However, to help mitigate these risks, 1st Source can communicate such information and documents by: (1) secure fax or overnight delivery; or (2) secure email; or (3) regular email, provided that you reply to this email confirming that yours is the proper address for such email transmissions and that you accept the risks of using regular email. However, even if you authorize it, 1st Source policy prohibits transmission by regular email of any correspondence or document that includes personal identity information about you such as your social security number, your driver's license or similar government-issued identification number, or any credit card number.

Applicant #1 _____ Date _____

Applicant #2 _____ Date _____

Print Name _____

Print Name _____