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|---------------|-------------|---------|--------------|------------|
| VENDOR | Vendor Name | Tax ID# | Contact Name | |
| | Address | | Phone Number | |
| | City | State | Zip | Fax Number |

| | | |
|-----------------|-----------------------|--|
| CUSTOMER | Business Name | Phone Number with Area Code |
| | Billing Address | Type of Business |
| | Date Business Started | Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipal <input type="checkbox"/> Non-Profit |

| | | | |
|--|---|----------------|------------------|
| UBO INFORMATION | Beneficial owners are: | | |
| | 1. An individual, if any, who owns, directly or indirectly, more than 25 percent of the equity interests of the legal entity customer (e.g., each natural person that owns more than 25 percent of the shares of a corporation); or | | |
| | 2. If ultimate beneficial owner cannot be determined based on ownership, please provide the name of the natural person with effective control (day to day decision making). | | |
| | 3. If neither 1 or 2 apply, please provide the names of all Board of Directors (BODs), Executive Management. If more room is required, please provide information on the back of the form or a separate sheet. | | |
| | First Name | Middle Initial | Last Name |
| | Country of Residence | DOB | Title / Position |
| Ownership Type (Select One) | | | |
| <input type="checkbox"/> 1. Ownership, voting rights or shares > 25% % Ownership _____ % <input type="checkbox"/> 2. Person who exercises effective control <input type="checkbox"/> 3. BODs, Executive Management | | | |

| | | | | |
|------------------|-----------------------------|------------------------|-------|-----|
| PRINCIPAL | Owner Name | Social Security Number | Title | |
| | Home Address | City | State | Zip |
| | Phone Number with Area Code | | | |

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|------------------------------|---|----------------|---|---|---------------------|----------|------------|
| EQUIPMENT INFORMATION | Quantity | Equipment Make | Model Number | Description (Attach Separate Schedule if Necessary) | | | |
| | Equipment Cost | (PLUS) | Installation/Maintenance Cost | (PLUS) | Other Software Cost | (EQUALS) | Total Cost |
| | + | | + | | = | | |
| | Term in Months | Rate Factor | Purchase Option: | | | | |
| | | | <input type="checkbox"/> FMV <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> Other _____ | | | | |
| | Equipment Location (if not same as above) | | City | State | Zip | | |

| | | | | | | | |
|----------------------------|--------------------------|--------------------|--|-----------|----------|---------------------|------------------------|
| PAYMENT INFORMATION | Number of Lease Payments | Lease Payment | (PLUS) | Sales Tax | (EQUALS) | Total Lease Payment | |
| | | | + | | = | | |
| | | | + | | = | | |
| | Term of Lease in Months | Payment Frequency: | | | | | |
| | | | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ | | | | |
| | Security Deposit | (PLUS) | First Period Payment | (PLUS) | Other | (EQUALS) | Total Payment Enclosed |
| | | + | | + | | = | |

You, the "Applicant" (which term includes the business entity as well as the undersigned individual(s)), certify to us that Applicant is applying for credit for business reasons, and not for personal, family or household purposes. De Lage Landen Financial Services, Inc. and/or its assigns ("Lessor"), or its designees, is authorized to obtain information from others concerning Applicant's credit and trade standing and other relevant information impacting this Application and provide to others information about its transaction and experiences with Applicant. Lessor may obtain credit reports, including consumer credit reports, in connection with the Application, and at Applicant's request, will tell Applicant whether a credit report was obtained and, if so, the name and address of the reporting agency which provided it. Provided credit is granted, Lessor may, without further notice to Applicant, use or request subsequent credit bureau reports (1) to update Lessor's information, (2) in connection with a renewal or extension, and/or (3) in connection with Applicant's request for additional services. Applicant agrees that Lessor may get or share credit information with its agents, assignees, and its designees, regarding the Applicant, Guarantor(s) or Applicant's owners in considering the Applicant's Application. Except as otherwise prohibited by law, Applicant agrees and consents that Lessor may share with affiliates and others all information about Applicant that Lessor has or may obtain for, among other things, the purpose of evaluating credit applications or offering Applicant products or services that Lessor believes may be of interest to Applicant. Applicant represents that it has reviewed this document and the information herein is true, correct and complete.

THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REASONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO REQUEST THIS INFORMATION, CONTACT OUR ECOA COMPLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF THIS ADVERSE ACTION NOTIFICATION. THE DEPARTMENT CAN BE REACHED BY WRITING TO 1111 OLD EAGLE SCHOOL ROAD, WAYNE, PA 19087 OR BY CALLING (610) 386-5641. WHEN CONTACTING THE DEPARTMENT, PLEASE BE SURE TO REFERENCE THE APPLICATION NUMBER ON THE NOTIFICATION LETTER. WE WILL PROVIDE YOU WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE ACTION WITHIN THIRTY (30) DAYS AFTER WE HAVE RECEIVED YOUR REQUEST.

NOTICE: 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 (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT) 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 AGENCIES THAT ADMINISTER COMPLIANCE WITH THIS LAW CONCERNING THE LESSOR ARE THE BUREAU OF CONSUMER FINANCIAL PROTECTION, 1700 G STREET NW., WASHINGTON D.C. 20006 AND THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON D.C. 20580.

I HEREBY AUTHORIZE LESSOR OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY LESSOR TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

By signing below, the undersigned represents and agrees that the individuals whose personal data is provided to DLL, on this form and any related credit application or documents, have consented: (i) to disclose all such personal data to DLL and (ii) for DLL to collect, use, and share such personal data in accordance with our privacy statement at dllgroup.com/us/privacy.

Hereby the undersigned declare(s) to have provided the information in this form truthfully and to notify DLL regarding changes to the UBO as soon as possible.

PLEASE CHECK: I HAVE RECEIVED A COPY OF MY LEASE APPLICATION

SIGNATURE _____ TITLE _____ DATE _____