

**BUSINESS**

**EQUIPMENT FINANCE APPLICATION**

|  |  |                   |                               |     |                             |
|--|--|-------------------|-------------------------------|-----|-----------------------------|
| CUSTOMER (EXACT LEGAL NAME)  |  |                   | DBA                           |     |                             |
| STREET ADDRESS   |  | CITY              | STATE                         | ZIP | TELEPHONE NO.               |
| LOCATION OF EQUIPMENT  |  | CITY              | STATE                         | ZIP | FACSIMILE NO.               |
| CELL PHONE NO.   |  |                   | EMAIL ADDRESS                 |     |                             |
| GROSS ANNUAL SALES   |  | YEARS IN BUSINESS | YEARS UNDER CURRENT OWNERSHIP |     | FEDERAL TAX ID NO. (IF ANY) |
| <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CO. |  |                   |                               |     | STATE OF INCORPORATION      |
| PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS   |  |                   |                               |     |                             |
|  |  |                   |                               |     |                             |

**OWNERSHIP**

|   |  |  |                     |                         |                    |                           |
|---|--|--|---------------------|-------------------------|--------------------|---------------------------|
| PRINCIPAL #1 NAME                                   |  | TITLE                                  | SOCIAL SECURITY NO. |                         | % OWNERSHIP        | YEARS INDUSTRY EXPERIENCE |
| STREET ADDRESS                                      |  | CITY                                   | STATE               | ZIP                     | HOME TELEPHONE NO. |                           |
| PERSONAL ANNUAL GROSS INCOME (Not including spouse) |  | MONTHLY MORTGAGE/RENT (Residence Only) |                     | BIRTH DATE (MM/DD/YYYY) |                    |                           |
| PRINCIPAL #2 NAME                                   |  | TITLE                                  | SOCIAL SECURITY NO. |                         | % OWNERSHIP        | YEARS INDUSTRY EXPERIENCE |
| STREET ADDRESS                                      |  | CITY                                   | STATE               | ZIP                     | HOME TELEPHONE NO. |                           |
| PERSONAL ANNUAL GROSS INCOME (Not including spouse) |  | MONTHLY MORTGAGE/RENT (Residence Only) |                     | BIRTH DATE (MM/DD/YYYY) |                    |                           |

**BANK**

|           |                       |                   |                          |                    |
|-----------|-----------------------|-------------------|--------------------------|--------------------|
| BANK NAME | ACCOUNT UNDER NAME OF | BANK CONTACT NAME | CURRENT CHECKING BALANCE | BANK TELEPHONE NO. |
|-----------|-----------------------|-------------------|--------------------------|--------------------|

**DESIRED TERMS & EQUIPMENT INFORMATION**

|   |  |   |                |                |
|---|--|---|----------------|----------------|
| TERM IN MONTHS<br><input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 | END-OF-TERM OPTION<br><input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% | DEFERRAL PERIOD<br><input type="checkbox"/> 90 Days | EQUIPMENT COST | EQUIPMENT TYPE |
| HOW WILL THIS EQUIPMENT BE USED IN YOUR BUSINESS?   |  |   |                |                |

IS THE EQUIPMENT BEING ACQUIRED FOR YOUR BUSINESS ☐ NEW USE ☐ EXPANSION AND/OR ☐ REPLACEMENT?

**TOPCON DISTRIBUTOR**

|         |         |               |   |
|---------|---------|---------------|---|
| COMPANY | CONTACT | TELEPHONE NO. | PROGRAM TYPE<br><input type="checkbox"/> FLEXIBLE <input type="checkbox"/> STANDARD |
|---------|---------|---------------|---|

I understand this finance application may be approved based on my business and personal credit. I authorize Trinity, a division of Bank of the West, its nominees or its assigns to review my personal credit. This authorization extends to obtaining ratings from listed banks and trade references. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for purposes of an update, renewal, or the extension of additional credit as requested. A fax or photocopy of this authorization is to be accepted as an original.

**X**

AUTHORIZED SIGNATURE

DATE

**ECOA NOTICE: DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT).** If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Credit Manager, Trinity, a division of Bank of the West, 475 Sansome Street, 19th Floor, San Francisco, California 94111, (415) 956-5174 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. 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 agency that administers compliance with this law concerning the creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.