



**American Ambulance Association
Sovereign Finance Plan**

TOLL FREE: 1.877.AAA.5046, FAX: 631.531.0677



Sovereign Bank

3 HUNTINGTON QUADRANGLE, SUITE 101N
MELVILLE, NY 11747-4616, MAIL CODE: NY1-MLV-01-01

COMMERCIAL EQUIPMENT & VEHICLE FINANCE CREDIT APPLICATION

Business Information

Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Business Telephone Number: _____ Mobile Telephone Number: _____ Fax Number: _____
E-mail _____
Business structure: Corporation LLC Partnership Sole Proprietor In business since _____ Federal I.D. # _____
Has the Business (or you, if a sole proprietor) ever declared bankruptcy? Yes No If yes, when? (date) _____

Equipment/Financing Description

Amount Requested: \$ _____ Term Requested (number of months): _____ Fleet Size: _____ Replacement: _____ Addition: _____
Equipment Description: _____ Quantity: _____
Vendor Contact: _____ Telephone Number: _____

Bank Reference (Installment Debt/Leases)

Name of Bank: _____ Accounts Open Since: _____ Bank Officer: _____
Telephone Number: _____ Checking Account Number: _____ Loan Number: _____

Finance References

Firm Name	Contact Name	Telephone Number	Account Open Since
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Principal/Guarantor Information Please provide the following information regarding the principals/owners/guarantors of the Applicant (attach additional sheets if necessary)

Principal 1 Name: _____ Title: _____ Percent Owned: _____
Home Address with Zip Code: _____ Date of Birth: _____
Telephone Number: _____ Citizenship: USA or Other _____ Social Security Number: _____
Is Principal 1 going to be a Guarantor? Yes No If yes, has Principal 1 ever declared bankruptcy? Yes No If yes, when? (date) _____

If you intend to apply for joint credit (including as a Guarantor), please initial here and sign below as a Guarantor. X

Principal 2 Name: _____ Title: _____ Percent Owned: _____
Home Address with Zip Code: _____ Date of Birth: _____
Telephone Number: _____ Citizenship: USA or Other _____ Social Security Number: _____
Is Principal 2 going to be a Guarantor? Yes No If yes, has Principal 2 ever declared bankruptcy? Yes No If yes, when? (date) _____

If you intend to apply for joint credit (including as a Guarantor), please initial here and sign below as a Guarantor: X

The undersigned principal(s) certify that he/she has full authority to act on behalf of the applicant. The applicant (if a sole proprietor), principals, and guarantors each certify that all of the information contained in this application and on each document required to be submitted in connection herewith are true and complete. The applicant (if a sole proprietor) and each guarantor hereby authorize Sovereign Bank to obtain his/her credit profile from the national credit bureau(s) for the purpose of considering this credit application and any subsequent update, renewal, collection or additional credit. A photocopy or facsimile of this authorization shall be as valid as the original. Further, the applicant and guarantors hereby authorize each bank and finance reference listed in this credit application to release information about the applicants and guarantors to Sovereign Bank, as requested by Sovereign Bank. If your application for business credit is denied you have the right to a written statement of the specific reasons for the denial by writing to Sovereign Bank, Commercial Equipment and Vehicle Finance Division at 3 Huntington Quadrangle, Suite 101N, Melville, NY 11747-4616, Mail Code: NY1-MLV-01-01, within sixty (60) days from the date you are notified of our decision. Sovereign Bank will send you a written statement of the reasons for the denial within thirty (30) days of receiving your request for the 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 bidding 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 administers compliance with this law concerning this creditor is the Office of Thrift Supervision, Harborside Financial Center Plaza Five, Suite 1600, Jersey City, NJ 07311.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, Sovereign Bank will ask you for your name, address, date of birth, and other information that will allow us to identify you. Sovereign Bank may also ask to see a government issued ID such as a driver's license, non-driver's ID, passport, or other identifying documents.

If you intend to act as a Guarantor for the credit of one or more primary applicant(s) and are providing information to Sovereign Bank for that purpose, please be advised that if Sovereign Bank determines that you do not meet its standards of creditworthiness for the amount and/or kind of credit desired by the primary applicant, Sovereign Bank is required by law to provide the specific reasons for such adverse action to the primary applicant and NOT to you. Unless you are willing to share the specific reasons for adverse action based upon your credit history with the primary applicant you should not sign this application or submit a Personal Financial Statement to Sovereign Bank.

Applicant by: _____ Title _____ Date _____
Applicant by: _____ Title _____ Date _____
Guarantor Signature **X** _____ Print Name _____ Date _____
Guarantor Signature **X** _____ Print Name _____ Date _____