

**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: \_\_\_\_\_  
 Equipment Location: \_\_\_\_\_  
 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 \_\_\_\_\_