FINANCE APPLICATION

Please complete in its entirety. * Field required to process application.

TAKEUCHI® Financial Services

BUSINESS

CUSTOMER (EXACT LEGAL NAME) *			DBA *		
STREET ADDRESS (NO P.O. BOXES) *	CITY *		STATE *	ZIP *	FEDERAL TAX ID NO. (IF ANY)
PHONE NO. *	EMAIL ADDRESS OF PRIMARY CONTACT *	CELL NO.		FAX NO.	
BUSINESS DESCRIPTION *	YEARS IN BUSINESS *	YEARS UNDER CURRENT OWNERSHIP *		GROSS ANNUAL SALES $	
☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐ LLC		STATE & DATE OF INCORPORATION		SALES TAX EXEMPT ☐ Yes (Attach copy of certificate)	

OWNERSHIP

OWNER / PARTNER / MEMBER *	TITLE *	SOCIAL SECURITY NO. *	% OWNED *	DATE OF BIRTH *	
STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.	
OWNER / PARTNER / MEMBER	TITLE	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP	HOME PHONE NO.	

NOTE: If additional partners/shareholders/members please include like information on second page.

BANK AND SECURED LOAN OR LEASE REFERENCES

BANK / FINANCE COMPANY *	CONTACT *	PHONE NO. *	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.

Do you have any leases/loans with Takeuchi Financial Services? ☐ Yes, Account No._____ ☐ No

EQUIPMENT DESCRIPTION / TERMS OF SALE / DEALER INFORMATION

EQUIPMENT DESCRIPTION *

EQUIPMENT DESIGNATION *	CONTRACT TYPE *	IF LEASE, END-OF-TERM OPTION	CUSTOMER RATE *	TERM *	SKIPS
☐ NEW ☐ USED	☐ LOAN ☐ LEASE				

DEALER / DISTRIBUTOR NAME *	CONTACT *	TELEPHONE NO. *

SALES PRICE *: $_____

FREIGHT/DELIVERY: $_____

SALES TAX: $_____

NET TRADE-IN *: $_____

DOWN PAYMENT *: $_____

RENTAL CREDIT: $_____

DOC FEE: $_____

INSURANCE: $_____

TOTAL TO FINANCE *: $_____

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, Takeuchi Financial Services, 475 Sansome Street, 19th Floor, San Francisco, California 94111, 800.266.3255 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.

I understand this equipment application may be approved based on my business and personal credit. I authorize Takeuchi Financial Services and its assignees, transferees and agents to check references, bank accounts and credit information. NOTE: Financial Statements or tax returns may be required. A minimum of two (2) years in business is required for all applicants.

X_____ _____

AUTHORIZED SIGNATURE DATE

Fax completed application to 800.268.1591

Questions? Call 800.266.3255 - Jay Harris x2174235 or Jared Christensen x2178629