



Manufacturers Capital, LLC

Machine Tool Group

Credit Application

Fax to 866-316-6085

Please check office:
 Main/Southeast Mid West Northeast
 West Coast South West

Phone (386) 668-6890
 Fax: (866) 316-6085

E-mail: office@mfrscapital.com

General Information:

Complete Legal Name:	Tax ID #:	
Street Address:	City:	
State:	County:	Zip:
Phone:	Fax:	Cell:
Business Start Date:	Years as Owner:	# of Employees:
Last YE Sales:	Sales YTD:	Backlog:
Email Address:	Website:	
Description of Business (Products, Services, Customers, Concentrations):		

Type of Organization (Check One)	Lease Type (Check One)	Term (Check One)	Please Answer	No	Yes
<input type="checkbox"/> C. Corp <input type="checkbox"/> S. Corp	<input type="checkbox"/> \$1.00 <input type="checkbox"/> 10.0% <input type="checkbox"/> FMV <input type="checkbox"/> Rental	<input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> 84 Months	Has the company ever declared bankruptcy? Have any of the guarantors ever declared bankruptcy? Are there any outstanding lawsuits? Are there any outstanding tax obligations?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Proprietor				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Partnership				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LLC				<input type="checkbox"/>	<input type="checkbox"/>

Owner's (20% or more – if more owners, include information on a separate sheet):

1. Name:	Social Security #:
Street Address:	US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
City:	State: Zip:
Date of Birth:	Title: % Ownership:
2. Name:	Social Security #:
Street Address:	US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
City:	State: Zip:
Date of Birth:	Title: % Ownership:

Bank & Lender Reference:

Bank Name:	Contact:	Phone:
Account #:	Account Type:	Avg. Balance:
1. Lender Name:	Account Type:	Balance:
2. Lender Name:	Account Type:	Balance:

Trade References:

Trade Name:	City, State:	Phone:
Trade Name:	City, State:	Phone:
Trade Name:	City, State:	Phone:

Equipment (Please supply copies of orders for equipment):

Equipment Description:	<input type="checkbox"/> New <input type="checkbox"/> Used
Cost of Equipment: \$	

Supplier Name:	Contact:	Phone:
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Equipment Location (if different than above):	
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CUSTOMER CREDIT RELEASE
 We hereby authorize Manufacturers Capital LLC (MC), and all assigns thereof, to investigate my/our financial responsibility and credit worthiness including the preparation of a credit report. This is my/our authorization for herein bank reference(s) and my/our account, attorney or anyone else deemed necessary to release any information requested by telephone or fax as part of MC's normal credit procedures.

By submitting this application, you granted consent to and authorize MC and its agents to obtain commercial and consumer credit reports and make other credit inquiries that it determines necessary, and you represent that each individual listed on this Application as a principal partner, owner, guarantor or obligor likewise has authorized MC to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You also warrant the information on or accompanying this Application is true and complete, and you agree to notify MC of any material change in any such information. You authorize MC and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application and you authorize anybody contacted to release credit and financial information requested as part of said investigation. Finally, you confirm that this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes.

Important Information: 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. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Equal Credit Opportunity Act. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Customer Service Representative, 4250 St. Johns Pkwy., Sanford, FL 32713 / 386-668-6890 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 applicants income derives from any public assistance program; 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 the Controller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

Owner Signature:	Date:	Owner:	Date:
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Please remember to include a copy of your equipment description