



## Lease/Finance CREDIT APPLICATION

1506 30<sup>th</sup> Street NW  
Faribault, MN 55021  
877-737-2221 – 507-334-1871  
FAX (507) 334-8311

### COMPANY INFORMATION

<u>LEGAL COMPANY NAME/ DBA</u>		<u>COMPANY PHONE NUMBER</u>			
<u>COMPANY ADDRESS- Street, City, State, Zip</u>		<u>COUNTY</u>	<u>YR Started</u>	<u>YR Inc.</u>	<u># EMPLOYEES</u>
<u>GARAGING ADDRESS – Street, City, State, Zip</u>		<u>COUNTY</u>	<u>DOT #</u>		
<u>PERSON TO CONTACT</u>		<u>EMAIL ADDRESS</u>	<u>PHONE #</u>		
<u>CHECK ONE:</u> <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC/PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP		<u>FEDERAL TAX ID NO.</u>		<u>STATE OF INC.</u>	
<u>1. PRINCIPAL OWNER NAME (SIGN BELOW) % OWNERSHIP</u>		<u>TITLE</u>	<u>DL # &amp; STATE</u>		
		<u>SOCIAL SECURITY #</u>	<u>D.O.B</u>		
<u>ADDRESS</u>		<u>CELL PHONE #</u>			
<u>2. PRINCIPAL OWNER NAME (SIGN BELOW) % OWNERSHIP</u>		<u>TITLE</u>	<u>DL # &amp; STATE</u>		
		<u>SOCIAL SECURITY #</u>	<u>D.O.B</u>		
<u>ADDRESS</u>		<u>CELL PHONE #</u>			
<u>3. PRINCIPAL OWNER NAME (SIGN BELOW) % OWNERSHIP</u>		<u>TITLE</u>	<u>DL # &amp; STATE</u>		
		<u>SOCIAL SECURITY #</u>	<u>D.O.B</u>		
<u>ADDRESS</u>		<u>CELL PHONE #</u>			
<u>BRIEF HISTORY OF COMPANY</u>					
<u>OTHER OWNED COMPANIES OR SUBSIDIARIES</u>					

### CREDIT REFERENCES

<u>BANK NAME</u>	<u>ACCOUNT NUMBER</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
<u>FINANCE COMPANY NAME</u>	<u>ACCOUNT NUMBER</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
<u>FINANCE COMPANY NAME</u>	<u>ACCOUNT NUMBER</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>

**CURRENT FLEET DATA (Please complete below or attach fleet list )**

YEAR	MAKE	MODEL	OWNED	LEASED	LIENHOLDER INFORMATION
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

REASON FOR ADDITIONAL OR REPLACEMENT COACH(ES) (e.g. contract, new business, updating equipment, replacing equipment, etc.)				ANNUAL MILES ANTICIPATED	

SELECT YES OR NO TO THE BELOW QUESTION	YES	NO	SELECT YES OR NO TO THE BELOW QUESTION	YES	NO
Has the applicant, beneficial owner, guarantor, or principal of the applicant ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant, beneficial owner, guarantor, or principal of the applicant ever filed for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>

<b>INFORMATION TO INCLUDE WITH THE APPLICATION:</b> <input type="checkbox"/> 2 YEARS CORPORATE TAXES AND FINANCIAL STATEMENT <input type="checkbox"/> 2 YEARS PERSONAL TAXES <input type="checkbox"/> PERSONAL FINANCIAL STATEMENT <input type="checkbox"/> DRIVER'S LICENSE COPY OF ALL SIGNERS		
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**THE UNDERSIGNED CERTIFIES** THAT THE INFORMATION PROVIDED HEREIN FOR CREDIT PURPOSES IS TRUE AND CORRECT AND AUTHORIZES ABC BUS COMPANIES, INC. OR ANY AFFILIATE (ABC) TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION USING ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY. EACH OF THE UNDERSIGNED AUTHORIZES ABC AND ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS PART OF SAID INVESTIGATION AND THE DISSEMINATION OF INFORMATION TO ALL PARTIES NECESSARY IN ORDER TO PROCESS THIS APPLICATION OR WITH POTENTIAL PURCHASERS OR ASSIGNEES OF TRANSACTIONS THAT RESULT FROM THIS APPLICATION.

**THE UNDERSIGNED ALSO AGREES** that any legal or other expenses incurred by ABC in the enforcement of its rights on and or under the collection of this debt will be charged to and paid by the undersigned. Further, the undersigned agrees that a facsimile, scanned, or electronic signature of the undersigned shall be deemed to be as legally effective, valid, and binding as a manual signature.

<u>LEGAL COMPANY NAME</u>		
<u>SIGNATURE OF OWNER</u>	<u>TITLE</u>	<u>DATE</u>
<u>SIGNATURE OF OWNER</u>	<u>TITLE</u>	<u>DATE</u>
<u>SIGNATURE OF OWNER</u>	<u>TITLE</u>	<u>DATE</u>

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 this creditor is: Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. If application for credit is denied, applicant may, within 60 days of being notified of the adverse action, submit a written request for the reasons for the denial and the reasons will be furnished in writing within 30 days of receipt of applicant's request. Submit request to ABC Financial Services, 1506 30<sup>th</sup> St NW, Faribault, MN 55021.

**NOTICE TO APPLICANTS:** To help the government fight the funding of terrorism, narcotics trafficking, trans-national organize crime, and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individual or businesses) who opens an account. **What this means for you:** When you open an account or add any additional service, we will ask you for your legal name, address, taxpayer identification number, and other information that will allow us to identify you. We may also ask for copies of certified articles of organization, an unexpired government issued business license, a partnership agreement or other documents that indicate the existence and standing of the entity. We may also ask to see other identifying documents and information relating to beneficial owners and we may verify compliance by you and other beneficial owners with requirements of U.S. Federal laws.