# **Corporate Resolution** to Finance or Lease

RESOLVED, that this corporation		,
hereinafter called "Creditor", such items of pro their discretion may deem necessary or advisate	erty upon such terms and conditions as the officer or officers hereinafter authori: a.	zed in
RESOLVED FURTHER, that		
	the	
	(TITLE)	
or	the(TITLE)	
	(TITLE)	
	be and they are hereby authorized, directed and empowered to execute and or cuments as may be required by Creditor in connection with such finance or lea	
(SIGNATURE)	(SIGNATURE)	
(SIGNATURE)	(SIGNATURE)	
	rized to act upon this resolution until written notice of its revocation is delivered to	
	, Secretary of the above named corporatio	n do
hereby certify that the foregoing is a full, tru and regularly adopted at a meeting of said Boar	and correct copy of resolutions of the Board of Directors of said corporation of Directors duly and regularly held on the day	n duly y of
	. I further certify that said resolutions are still in full force and effect and have not be natures appearing above are the signatures of the officers of this corporation auth- alf of this corporation.	
in entering into, executing, acknowledging or a	s done by any of such officers of this corporation for and on behalf of this corporeting any of the above referenced documents or other instruments or agreement resolutions are ratified, approved and confirmed."	

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary of the above corporation this \_\_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

	BUSINESS	DEALER	DEALER LOCATION				
Ford FordCredit	CREDIT	CONTACT		PHONE	FAX		
FC-PR-7144 (REV. Nov 09) Previous editions n	APPLICATION						
Legal Name:		Date of Birth (	for Individuals):	DBA:			
Proprietorship Corp.	Sub S LLC.	Partnership	Other:	Tax Exempt I	Number:		
State-issued Organization # (not tax id #):			State of Organization or sta	ate of legal residence f	or individuals:		
SOC SEC # / TAX ID # Gross P	rofit (Monthly Income)	Type of I	Business Yrs	in Business	E-Mail and Website Address		
Primary Legal/CEO Address: Street	City		County	State	Zip		
Billing Address: Street (if different from above)	City		County	State	Zip		
Fleet Manager Name:	Pho	ne #	E-mail Addres	s			
Garage Address: Street	City		County	State	Zip		
Phone # Fax #	Mob	bile Phone #	Conta	act Name			
Owner/Guarantor: Name	Title Address	5	PH#	Social Security / TN #	Date of Birth Ownership %		
Owner/Guarantor: Name	Title Address	;	PH#	Social Security / TN #	Date of Birth Ownership %		
Note: Sole Proprietor, Individual C	o-Applicant(s) or Indiv	vidual Guaran	tor(s) must complete	this section			
Individual (First Name, Middle Name, Last			Social Security Number		e of Birth		
		ng with Relatives			Driver's License No. & State		
B Previous Employer / Business (if less than		sing/Renting ldress	Lived There Yrs.	Mos	Phone Number		
Monthly Income Secondary Ir b Mortgage Holder / Landlord (Name & Addr	ncome * Source		*Alimony, child support or s do not wish to have it consid		come need not be revealed if you ving this obligation.		
	ess)		Mortgage Holder / Landlord		Mortgage Payt / Monthly Rent		
Name & Address of applicant's nearest rel	ative not in household		( ) Relationship		Home Phone		
Name & Address of applicant's non-related	l personal reference known ov	ver one year	Relationship		Home Phone		
Please use additi	onal applications if more sp	ace is needed for	multiple owner, quarantor	or applicant informatio	( ) n.		
Have you previously done business with Ford Moto							
List other creditors you do business with: Bank City & Sta		ephone #	Contact		Account #		
Trada City & Cta	to Tal	onhone #	Contact		Account #		
Trade City & Sta	te i ei	ephone #	Contact		Account #		
IMPORTANT INFO To help the United States Government fight terrorism establishes a relationship. What this means for you: security number or taxpayer identification number. Fo also ask to see your driver's license or other identifyin The information given is true and complete. GE Cap disclose to other persons, including credit reporting release to FCCL and FMCC financial information abo and disclose to FMCC and any of its affiliates, any at financial statements and organizational documents. I made by FCCL and/or FMCC, or any person request such other person's credit worthiness, credit standing requested and if such a report was requested FCCL furnished the report. FCCL and FMCC may also be MAINE, OHIO, RHODE ISLAND, TENNESSEE, AND 1 agree that you, your affiliates, agents and service p	when you open an account or est or businesses, we will ask for the I g documents that will allow us to is ital Commercial Inc., and its affili agencies, financial information ab out Applicant and credit experience of all information now or hereafte 'his shall be continuing authorizat d to release such information to F g, credit capacity, character, gene her person's request, FCCL and, and/or FMCC, as applicable, will referred to herein, jointly and sev VERMONT.	aw requires us to ob ablish a relationship, business name, stree dentify you. We appre- rates, dba Ford Cred yout Applicant and in e and account inform r provided by Applica ion for all present an CCL and/or FMCC. / aral reputation, perso /or FMCC, as applic i inform Applicant anv verally, as "Creditor."	tain, verify, and record information we will ask for your name, stree et address and tax identification r aciate your cooperation. It Commercial Leasing ("FCCL") formation about Applicant's acco- ation on Applicant. In addition, A nut to any of the foregoing entities d future disclosures of financial in Applicant and any person signing nal characteristics, or way of livit able, will advise Applicant and/c d/or such other person, as applic SEE THE NEXT PAGE OF TH	on that identifies each perso t address, date of birth, and number. Federal law require and Ford Motor Credit Cor pount and credit experience a ypplicant agrees that FCCL s, including without limitatio nformation, account informa below each agree that a cr ng may be requested in cor or such other persons, as a cable, of the name and add <b>IS FORM FOR IMPORTAN</b>	n or business that opens an account or d identification number, such as a social es us to obtain this information. We may mpany ("FMCC") may receive from and and Applicant authorizes any person to and any of its affiliates my receive from n present and future credit applications, ation and credit experience on Applicant edit report hearing on Applicant's and/or nnection with this application and future applicable, whether a credit report was lress of the credit reporting agency that <b>IT INFORMATION FOR CALIFORNIA</b> ,		
and agree that you, your affiliates, agents and service p and agree to you, your affiliates, agents and service prerecorded or artificial voice messages, text message any telephone number I provide, now or in the future,	e providers using written, electro ges, emails and/or automatic telep	onic or verbal means ohone dialing system	to contact me. This consent in s. I agree you, your affiliates, ag	ncludes, but is not limited t ents and service providers	to, contact by manual calling methods,		
Applicant Signature		Title			Date		
I intend to apply for joint credit Applicant T	nitial Here						
Co-Applicant Signature		Title			Date		
I intend to apply for joint credit Co-Applica	Int Initial Here						
Guarantor Signature		Title			Date		
**If corporate guarantor, authorize			ership guarantor, a general partr 'Individual'' as Title.	her must sign and show "P	artner" as Title.		
Ford Credit Commercial Leasing is a licensed to				V. 2.4			

Please complete page 2 of this application for required transaction specific detail.

# **BUSINESS CREDIT APPLICATION - PAGE 2**

VEHICLE INFORMATION - (All of the below information is tentative and subject to the terms and conditions of the applicable approval letter. Use additional application for multiple vehicles.)									
Qty N/U Year Make / Model	GVW Seria	I / VIN #	Total CAP Cost	Residual %	Est. Payment				
Installed equipment, body uplifts or add-ons, etc. > \$1,000.00: Total cost of body uplifts / add-ons: \$									
Qty N/U Year Make / Model	GVW Seria	I / VIN #	Total CAP Cost	Residual %	Est. Payment				
Installed equipment, body uplifts or add-ons, etc. > \$1,000.00: Total cost of body uplifts / add-ons: \$									
Trade Detail: QTY: Year Make / Mode	el VIN #	Dealer Allowar	nce Leinhol	der Payo	off Amount				
	Terms: # of Months # of Adv. Pmts Circle Skip Months:		Cash Price	\$					
Will the vehicles be : Used in Hazardous Material Transportation: Yes No			Net Trade	-	_				
			Cash Down						
Used in People Moving Services: Yes No			FET	-					
Used in For-Hire Transportation: Yes No Part of a Sub-Lease Arrangement? Yes No		JFMAMJJASOND		+					
			Other Up Front Tax	+					
NOTE SPECIFIC PROGRAM OR OTHER DETAIL:	Other:	Other:		+					
			Cap Cost	\$					
			- Est. Payment	\$					

# California Disclosure

Applicant, if married, may apply for a separate account.

# **Maine Resident**

If your credit application is approved and you finance the purchase of your motor vehicle through Creditor, you will be required to insure the vehicle against loss or damage. Creditor requires collision coverage and comprehensive coverage or fire and theft coverage. In addition, if this application is for a lease, Creditor will also require you to obtain liability insurance.

You have the option to select an agent or broker of your choice, whether or not affiliated with Creditor. Obtaining insurance from a particular agent or broker does not affect credit decisions by Creditor, unless the insurance product selected violates the terms of your contract for the purchase or lease of the motor vehicle.

#### **Ohio Disclosure**

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

## **Rhode Island Resident**

A Credit Report may be requested in connection with this application for credit. Vehicle insurance may be obtained from a person of your choice.

#### Tennessee Resident

You must maintain insurance during the term of the contract. You must give the Creditor evidence of this insurance. The amount and type of insurance must be acceptable to the Creditor. YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.

### Vermont Resident

By signing this credit application, Applicant consents to your obtaining a credit report for the purposes of evaluating this application and to obtain subsequent credit reports, in connection with this transaction, for the purpose of reviewing the account, taking collection action on the account or for any other legitimate purpose associated with the account.

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