65 Union Avenue Sudbury, MA 01776



Methods Machine Tools, Inc. Finance Services

Phone: (978) 639-9220 Fax: (978) 639-9222

BUSINESS CREDIT APPLICATION

CUSTOMER	Legal Name					Contact		Phone No.
Trade Name (if applicable)								Fax No.
Business Street Address/Cit	siness Street Address/City/State/Zip Code E-Mail Address							
Type of Business						Years Company In Business		Tax Identification No.
☐ Proprietorship ☐ C	rietorship Corporation (State) General Partnership Limi				nership	hip Limited Liability Company		☐ State or Local Government
PRINCIPAL	Name:		Title	Title		ty No.	US Citizen? ☐ Yes ☐ No	Home Phone No.
	Home Address:						Ever Declared Bankruptcy?	
	City/State/Zip:	% of Ownership					Yes No	
PRINCIPAL	Name:		Title		Social Security No.		US Citizen? ☐ Yes ☐ No	Home Phone No.
	Home Address:		ļ					Ever Declared Bankruptcy?
	City/State/Zip:		% of Ownership					Yes No
EQUIPMENT	Business Name			Contact		l	Phone No.	
SUPPLIER	Business Street Address/City/		E-mail Address		SS		Fax No.	
EQUIPMENT	Equipment Location (check if same as Lessee's address) Credit Requested \$							
Quantity	Make and Model Ge				I Description (☐ check if equipment is used)			
KEY TERMS	Lease/Loan Term (months)							
	Option Price: Fair Market Value Stimated Fair Market Value of% of the total Equipment Cost						st	
DEFEDENCES	Nominal Price of \$ Nominal Price of% of the total Equipment Cost Bank Account No. Contact Phone No.							
REFERENCES	Bank		Account No.			Contact		Friorie No.
	Trade Creditor		Account No.		Contact			Phone No.
	Secured Debt or Lease Creditor		Account No.		(Contact		Phone No.
Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any lender or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim in which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.								
Χ								
Signature X					Signer's Printed Name			Date
Signature			Signer's Printed Name				Date	

ECOA NOTICE (TO BE RETAINED BY APPLICANT) Detach Here

Thank you for your business credit application. We will review it carefully and get back to you promptly. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.