

Full Company Name				Federal Tax ID Number	
Billing Address		City	County	State	Zip Code
Phone Number	Fax Number	Contact Person		Title	
Cell Phone Numbers		E-Mail Address			
Shipping Address (if different from Billing Address)		City	County	State	Zip Code
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company		Number of Years in Business _____			
Supplier PANEL/WOOD MACHINERY, INC.			Salesman		

Equipment Description	Amount to Be Financed

**Options Requested**

Terms = 12       24       36       48       60

Purchase Options =      \$1.00       10%

<b>Bank References</b>		Bank Officer	
Branch	Phone Number	Checking Account Number	

**Personal Data on Owner**

Name	Title	% of Ownership	Social Security Number
Home Address	City	State	Zip Code
Name	Title	% of Ownership	Social Security Number
Home Address	City	State	Zip Code

**Release**  
 The undersigned hereby certifies that the information provided in this credit application is accurate and complete, as well as authorizes the release of or sharing of any credit or financial information to and between Stiles Leasing and/or its designated funding sources. The undersigned further authorizes Stiles Leasing and/or its designated funding sources to obtain information from the references listed above. The undersigned also authorizes Stiles Leasing and/or its designated funding sources to obtain a consumer credit report on the undersigned 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. The undersigned further waives any right or claim which the undersigned would otherwise have under the Fair Credit Reporting Act in the absence of this continuing authorization.

Authorized Signature	Title	Date
Authorized Signature - Second officer	Title	Date

Thank you for your business application. It will be reviewed carefully and a decision made as soon as possible. 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 the decision. You will receive 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 the compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

**PLEASE COMPLETE & FAX TO (616) 698-6997**

Stiles Leasing 3965 44th Street SE Grand Rapids, MI 49512	<b>Keene Fuller Leasing Specialists, ext. 1671</b> Jeff Bates Leasing Manager, ext. 1207 Phone (616) 698-7501
---	--