

Credit Application

BUSINESS INFORMATION

CHECK ONE: Corporation Limited liability Partnership Proprietorship Federal tax ID# _____
 Full legal name _____ Trade name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Contact _____ Email _____
 Year inc. _____ State inc. _____ Number of employees _____ Annual sales \$ _____
 Do you own this location? Yes No If no, landlord name _____ Phone _____
 Other profit centers mini storage dog wash coin laundry other _____
 Do you own other locations? Yes No If yes, explain _____

PRINCIPAL INFORMATION (#1)

Name _____ Title _____
 Social Security # _____ Years as owner _____ Your % ownership _____ E-mail _____
 Home phone _____ Cell phone _____ Rent Own home Number of years _____
 Address _____ City _____ State _____ Zip _____

PRINCIPAL INFORMATION (#2)

Name _____ Title _____
 Social Security # _____ Years as owner _____ Your % ownership _____ E-mail _____
 Home phone _____ Cell phone _____ Rent Own home Number of years _____
 Address _____ City _____ State _____ Zip _____

BANK REFERENCE (business account)

Bank _____ Phone _____ Contact _____
 Account # _____ To ensure 24-hour response, please attach your last 2 months' corporate statements

LEASE/LOAN REFERENCE (largest obligation)

Name _____ Phone _____ Contact _____
 Account # _____ Original amount of lease/loan \$ _____

TRADE REFERENCE (largest suppliers)

Name _____ Phone _____ Contact _____
 Name _____ Phone _____ Contact _____

EQUIPMENT

Equipment description _____ Equipment location _____
 Approximate cost \$ _____ When do you need the equipment? ASAP Other _____
 I am interested in an additional equipment credit line of \$25,000 \$50,000 \$100,000 Other \$ _____

I have enclosed a copy of principals' driver's licenses with this application.

I hereby authorize my bank(s), creditors, and suppliers to release to Butler Capital all information requested for its credit investigation. I certify that all information supplied is current and correct.

Applicant signature _____ Date _____

Applicant signature _____ Date _____

LEGAL DISCLOSURES

Above terms may/may not include sales/use tax. 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: Legal Dept., Butler Capital Corp., PO Box 677, Hunt Valley, MD 21030-0677, 410-771-9600, within 60 days from the date you are notified of our decision. Butler Capital will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. 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, or age (provided the applicant has the capacity to enter into a binding contract); or 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 credit is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20850.

QUESTIONS? PHONE 800-928-8537 FAX 410-771-0898

Personal Financial Statement

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home phone _____ Mobile Phone _____ E-mail _____

ASSETS

Checking/ savings/ CD/ money market (Indicate IRAs or Keoghs with asterisk *)

Copies of most recent bank statements attached

On deposit at	Phone #	Account # and type	Current balance
1. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	
2. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	
3. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	

Stocks/ bonds/ mutual funds (listed)

	Number of shares	Market value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Residence (address)

	Purchase price	Market value
1. _____	\$ _____	\$ _____
Titled to _____	Purchase date _____	

Other real estate (address)

	Your ownership %	Purchase date	Purchase price	Market value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____

Other assets (insurance/ automobile/ accounts or notes receivable/ other businesses owned)

	Your ownership %	Market value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
TOTAL ASSETS		\$ _____

Personal Financial Statement (continued)

Name _____ Date _____

DEBT SCHEDULE (Include all obligations of your own and co-applicant over \$500)

	Balance	Monthly payment
Auto loans		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
Revolving credit lines/ credit cards		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
Mortgage/ home equity loans		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
Other debts/ liabilities/ tax liens/ judgments (If deferred, indicate when payments begin)		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

IMPORTANT
 Is there any debt or other financial obligation you have now OR expect to have in the next 12 months that is not listed on this form, OR are you a guarantor or co-signer for others?
 Yes No If "Yes" please attach an explanation.
 In the past 10 years, have you filed for bankruptcy?
 Yes No If "Yes" please attach an explanation.

TOTAL DEBTS \$ _____

NET WORTH (assets minus debts) \$ _____

PERSONAL DATA	CO-APPLICANT DATA
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Social Security # _____ Date of birth _____	Social Security # _____ Date of birth _____
Employer _____	Employer _____
Contact _____	Contact _____
Work phone _____	Work phone _____
Position _____	Position _____
Number of years _____ Salary \$ _____ /mo.	Number of years _____ Salary \$ _____ /mo.

Other income (personal)	Other income (co-applicant)
Explain source _____	Explain source _____
Monthly gross \$ _____ Monthly net \$ _____	Monthly gross \$ _____ Monthly net \$ _____

We provide this statement to obtain business credit from Butler, directly or as guarantors; understand that Butler will rely on it to extend credit; represent and warrant it to be true and complete; and authorize all inquiries Butler deems necessary to verify its accuracy.

Signature _____ Date _____ Co-applicant signature _____ Date _____

Toll free phone 800-928-8537 • Fax 410-771-0898 • E-mail carcare@butlercapital.com • Web www.ButlerCapital.com