



Tim Woodcock
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37 S. River Street
 Aurora, IL 60506-4173

CONSTRUCTION/VOCATIONAL APPLICATION

APPLICANT INFORMATION			
Business Legal Name and dba if applicable		Federal Tax ID (FEIN)	Annual Revenues
Street Address		City/State/Zip	
Contact Name	Telephone Number	Fax Number	Email Address
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> Other, please list			
Years in Business	State of Formation	Number of Employees	Ever file Bankruptcy? If Yes, please explain.
BOX A ALL DIRECT/INDIRECT OWNERSHIP OF 10% OR MORE			
Name and Title (Officer, Partner, Principal)		Social Security Number	
Complete Home Address		Home Phone Number	
Have you ever filed Bankruptcy, or been convicted of a Felony? If Yes, please explain.		% Ownership	Date of Birth
Name and Title (Officer, Partner, Principal)		Social Security Number	
Complete Home Address		Home Phone Number	
Have you ever filed Bankruptcy, or been convicted of a Felony? If Yes, please explain.		% Ownership	Date of Birth
Name and Title (Officer, Partner, Principal)		Social Security Number	
Complete Home Address		Home Phone Number	
Have you ever filed Bankruptcy, or been convicted of a Felony? If Yes, please explain.		% Ownership	Date of Birth
Box B CORPORATE GUARANTOR INFORMATION			
Name	Years In Business	FEIN	State of Formation
Business Address		Has the entity ever filed Bankruptcy? If Yes, please explain	
Name	Years In Business	FEIN	State of Formation
Business Address		Has the entity ever filed Bankruptcy? If Yes, please explain	
REVENUE TRENDS			
Projected Revenue 2020	Net Income(Loss)	Explanation for Growth/Loss	
Gross Revenue 2019	Net Income(Loss)	Explanation for Growth/Loss	
Gross Revenue 2018	Net Income(Loss)	Explanation for Growth/Loss	

BANKING & CREDIT REFERENCES			
Bank Name	City, State		Phone Number
Contact Name	Account Type (savings/checking/loan)		Account Number
Secured Credit Reference	Contact Name	Phone Number	Account Number

FLEET STATISTICS						
	Total	Average Age	Owned	Leased	Rented	Rent per Month
# Yellow Iron						
# Trucks/Trailers						

EQUIPMENT TO BE FINANCED				FINANCING/LEASING INFORMATION				
Description (make, model, year, if used)				Equipment Price	\$			
				Less Trade In	\$			
TYPE OF FINANCING/LEASING REQUESTED:		Loan	Lease (TRAC %)	Lease (FMV)	Less Down Payment	\$		
LEASE/LOAN TERM (Months)		<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60	<input type="checkbox"/> 72	<input type="checkbox"/> Other___	Financed Amount	\$
What is the business purpose for the equipment leased or financed:								
<input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Refinance <input type="checkbox"/> Other, please explain								

BSA Questionnaire

- Please list all countries in which the applicant, its affiliates, and subsidiaries conduct activities or have assets located. _____
- Will any payments be made from non-U.S. locations? If so, please list the countries from which payments will originate. _____
- Please list the full legal name and address of any third-party operators (other than the Customer). Include sub-lessees or any third party who will be in control of the equipment. _____
- Will any equipment be located or operated outside the United States? ____ If so, list which countries: _____
- Does the customer operate outside of the United States? ____ If so, list which countries: _____
- Is the customer domiciled, or do they operate within 100 miles of Mexico for more than 25% of the annual miles? _____
- Is the Customer, Parent Company, Guarantor, or any Affiliate a publicly traded entity? If yes, on what exchange? _____
- Is there screening completed on drivers prior to employment? If Yes, what type of screen is completed? _____
- What are your two year plans(i.e. percentage of growth) and why? _____
- What geographic area do you serve? _____

SIGNATURES

By signing below, I/we certify that: The information provided in this application is true and correct. I/we hereby authorize Old Second National Bank., your agent or its assigns to obtain business, as well as personal information of the undersigned, regarding my/our credit history, via banks, trade references, credit reporting companies and any other extenders of credit for purposes of reviewing credit worthiness, increasing credit lines on the account (if applicable), taking collection action on the account, and for any other purpose associated with the account as may be required from time to time. I/we by signing below further waive any right or claim which I/we would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. I understand that you will retain this application whether or not it is approved. You and/or entities to which you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to which you refer this application to contact my creditors and to authorize any creditor so contacted to release to you such credit information as you may request. I further authorize you and/or entities to which you refer this application to share this application and my information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.

The Patriot Act: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account and/or applies for credit. Therefore we will ask for your business address, personal residence address, date of birth, social security number, copy of your driver's license or other identifying documents. Thank you for your cooperation.

All signatories in Box A represent under lawful oath that they are citizens of the United States of America, and that no signatory in Box A has been convicted of a Felony nor filed bankruptcy, unless otherwise specified above.

All signatories in Box B represent under lawful oath that they are a legal entity of the United States of America, and that no signatory in Box B has filed bankruptcy, unless otherwise specified above.

If denied, you have the right to receive a written statement of the specific reasons for this denial. To obtain the statement please contact

Old Second National Bank
Attention: Loan/Lease Department
37 South River Street
Aurora, IL, 60506

Within 60 days from the due date that you were notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice below describes additional protections provided to you.

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 compliance with this law concerning this creditor is Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050.

Joint Credit: We intend to apply for joint Credit. (Initials) _____ and _____

Validated this _____ day of _____, 2020

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____