BLUESKY CAPITAL STRATEGIES, LLC

# Credit Application

## BUSINESS

| | | | | | |
|---|---|---|---|---|---|
| BUSINESS NAME/LESSEE | | | | TELEPHONE | |
| STREET ADDRESS | | | | FAX | |
| CITY/STATE/ZIP | | COUNTY | | MOBILE | |
| TYPE OF BUSINESS | BUSINESS START DATE | YRS UNDER CURRENT OWNERSHIP | | NUMBER OF EMPLOYEES | FED. TAX I.D. |
| LOCATION OF EQUIPMENT (STREET/CITY/STATE/ZIP/COUNTY) | | | | E-MAIL ADDRESS | |
| CONTACT NAME: | ANNUAL SALES | EXEMPT FROM STATE SALES/USE TAX? | | HAS COMPANY/OWNER(S) EVER DECLARED BANKRUPTCY? | |

**By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this application.**

## OWNERSHIP

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ○ Proprietorship ○ Partnership ○ Corp ○ S-Corp ○ Non-Profit ○ LLC | | | | | | STATE OF INCORPORATION | | |
| PRINCIPAL'S NAME | | TITLE | SOCIAL SECURITY NUMBER | | | HOME PHONE | % OF OWNERSHIP | |
| HOME ADDRESS (STREET) | (CITY) | (STATE) | (ZIP CODE) | Own ☐ Rent ☐ | How Long? | SIGNATURE: | | |
| PRINCIPAL'S NAME | | TITLE | SOCIAL SECURITY NUMBER | | | HOME PHONE | % OF OWNERSHIP | |
| HOME ADDRESS (STREET) | (CITY) | (STATE) | (ZIP CODE) | Own ☐ Rent ☐ | How Long? | SIGNATURE: | | |

## BANK REFERENCES

| | | | |
|---|---|---|---|
| BANK | BRANCH/CITY | CONTACT | TELEPHONE ( ) |
| ACCOUNT UNDER THE NAME OF | ACCOUNT NUMBER | | ○ Checking ○ Savings ○ Loan |
| BANK | BRANCH/CITY | CONTACT | TELEPHONE ( ) |
| ACCOUNT UNDER THE NAME OF | ACCOUNT NUMBER | | ○ Checking ○ Savings ○ Loan |

## LOANS/LEASES

| | | | |
|---|---|---|---|
| LOAN/LEASING COMPANY | ORIGINAL LOAN/LEASE AMOUNT | | TELEPHONE ( ) |
| START DATE (MONTH/YEAR) | TERM/MONTHLY PAYMENT | ACCOUNT NUMBER | |
| LOAN/LEASING COMPANY | ORIGINAL LOAN/LEASE AMOUNT | | TELEPHONE ( ) |
| START DATE (MONTH/YEAR) | TERM/MONTHLY PAYMENT | ACCOUNT NUMBER | |

## TRADE REFERENCES

| COMPANY NAME | ADDRESS | CONTACT | TELEPHONE |
|---|---|---|---|
| | | | ( ) |
| | | | ( ) |
| LANDLORD/MORTGAGEE | | | ( ) |

## TRASACTION SUMMARY

| | | | |
|---|---|---|---|
| Equipment Cost (exclusive of sales tax) | Term | Payment | Purchase Option |
| Supplier of Equipment | Contact | Phone Number ( ) | ○ New ○ Used If used, yr. of mfgr. |
| Equipment Description (Mfg., Model Number., S/N, - Attach Sales Order if Available) | | | |

## CREDIT RELEASE AUTHORIZATION

**I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat copy of this authorization shall be as valid as the original.**

SIGNATURE_____ Title _____ Date _____

Type your full legal name to sign

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 is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. 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 Lessor set forth above within 60 days from the date you are notified or our decision. We will send you a written statement of reasons for the denial within 30 days for receiving your request for the statement.

**Notice**: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.