IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT

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 obtains credit.

What this means for you: When you obtain credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



EQUIPMENT LEASE CREDIT APPLICATION

A SUBSIDIARY OF BANKERS' BANK

| This is an application only and the lease | is subject to credit approval. This ap | oplication does not obligate the Les | sor to enter into a lease with Less | ee. |
|--|--|--------------------------------------|-------------------------------------|-------------|
| BUSINESS/LESSEE INFORMATION | | | | |
| Full Legal Business Name: | | | | |
| Business Start Date: Address | :: | | | |
| City: | | | County: | |
| | ix: | | Phone: | |
| Email: | | | | |
| Corporation Partnership LLC Proprieto | r Other: | State of Organization: | Fed ID #: | |
| Briefly describe operation: The following may be requested for Corporation, Partnership, or LLC; Articles of Incorporation, Partnership Agreement, or LLC Articles of Organization; by-laws, operating agreement or similar organizational documents; applicable formation/organization documents. | | | | |
| OWNERS/PARTNERS/GUARANTORS/PRINCIPALS | | | | |
| Name: | SSN: | DOB: Title: | | %Ownership: |
| Address: | | | | Zip: |
| | SSN: | DOB: Title: | | %Ownership: |
| Address: | City: | | State: | Zip: |
| If additional space is needed, please attach separate sheet. | | | - | • |
| EQUIPMENT Equipment Description: | | | | |
| | nt Location (if different than above): | | | |
| Lessee Sales Tax Exempt: Yes No If yes, reas | on: | Lessee p | property tax exempt: Yes | s No |
| Please attach any vendor invoice/proposal/ quote. | | | | |
| INSURANCE | | | | |
| Insurance Company: | Agent: | | Email: | |
| Address: | City: | | State: Zi | o: |
| TRADE REFERENCE | | | | |
| Name: | | Contact: | | |
| Address: | Phone: | Email: | | |
| For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by BB Community Leasing Services, Inc. (lessor), the undersigned, jointly and severally, (1) represent that the undersigned is authorized to sign this Application and that the above statements are true and complete, (2) authorize the lessor, or its agents, to verify them and obtain additional information concerning our credit, employment history or any other information, including credit reports (although lessor may rely on these statements without any further verification), to furnish such information and any other credit experience with me to others, to answer any questions about our credit experience and other financial relationships with the lessor, (3) represent that additional financial information (including but not limited to copies of income tax returns of corporation and/or officers, personal financial statements and corporate financial statements) requested by lessor is considered part of this credit application and are free of any material misstatement or omission, (4) agree to the provisions of any rules, regulations or agreements of the lessor governing such credit, and (5) agree that this application is lessor's property. The lessor may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates. I authorize lessor at the address shown above that such information if unrelated to my transactions or experiences with the lessor may not be shared by the lessor with its affiliates. I authorize lessor to share any information obtained in connection with this lease transaction with any purchaser or assignee of lessor's interest in any lease with lessee or any other party involved with the funding for this or any future lease transaction requested by lessee. Undersigned further consents to berform credit underwriting related to this application. The undersigned understand that it ma | | | | |
| APPLICANT SIGNATURE | PRINT NAME | TITLE | | DATE |
| BY: x APPLICANT SIGNATURE | PRINT NAME | TITLE | | DATE |
| APPLICANT SIGNATURE | PRIINT INAIVIE | IIILE | | DATE |
| FOR MARRIED WISCONSIN RESIDENT: | | | | |

GIVE NOTICE OF THIS CREDIT TRANSACTION TO MY SPOUSE.

THE CREDIT BEING APPLIED FOR, IF GRANTED, WILL BE INCURRED IN THE INTEREST OF MY MARRIAGE OR FAMILY. I UNDERSTAND THE LESSOR MAY BE REQUIRED BY LAW TO