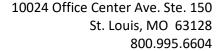




BUSINESS INFORMATION		BUSINESS AF	PPLICATION			
egal Company Name DBA (if any)						
Business Structure: ☐ Corp. ☐ Partnership ☐ Proprietor ☐ LLC Industry				No. of Employees:		
Address			City	State	Zip	
Equipment Location (if differe	nt)					
Company Phone	Fa	x	Years in Business	Years Under Current Mana	gement	
State of Organization / Incorp	oration	Federal ID#	Webs	ite		
Contact Person		Phone	Em	ail		
Revenue (prior fiscal year)	□ <\$500,000 □ \$	\$500,000 - \$1,000,000	□ \$1,000,000-\$5,000,000	□ >\$5,000,000		
EQUIPMENT INFORMATION						
Dealer	Sales Rep		Requested Term: 24, 36, 4	_Requested Term: 24, 36, 48, 60 Months (Circle One) Other		
Equipment		Cost \$	New [☐ Used / Approximate age of €	equipment:	
PRINCIPAL INFORMATION						
Name		Title	% C)wned Phone # _		
Home Address			So	cial Security #	-	
Name		Title	% C	wned Phone # _		
Home Address			Soc	ial Security #	-	
BANK INFORMATION	To be completed for eac	h owner of 20% or more	e. If there are additional own	ers, please list on Page 2.		
Bank Name 1		Bra		Officer		
Phone #	Account	Account #		Type of Account		
TRADE REFERENCES						
Name of Supplier			Phone #	Contact		
Insurance Name			Phone #	Contact		
Landlord			Phone #	Contact		
any assignee or potential assignee information for considering this account. A copy of this autho	knowledges that the above no gnee thereof) authorizing revis application and subsequently rization shall be valid as the or on behalf of Braun Finance	iew of his/her personal credit y for the purposes of update, original. I understand that by ing. By signature below, I aff	ide aware of this business purpose profile from a national credit burea renewal or extension of such credit or providing our company's phone, firm the identity of the respective incompany's phone.	au. Such authorization shall extendor additional credit and for reviewing ax or email information, I consent	d to obtaining bank & trade ig or collecting the resulting to receive all phone, fax or	
AUTHORIZED SIGNATURE: X			TITLE:	DATE:		

Stephanie Copeland 800.995.6604 ext. 122 Send completed application to SCopeland@assurance-capital.com or 314.842.7880 (fax)





ADDITIONAL PRINCIPAL/GUARANTOR INFORMATION

TO BE COMPLETED FOR EACH OWNER OF 20% OR MORE OF COMPANY

Name	Title	% Owned	Phone #	
Home Address		Social Security #	-	
Name	Title	% Owned	Phone #	
Home Address		Social Security #		_
Name	Title	% Owned	Phone #	_
Home Address		Social Security #		

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person presented on this application. We may also ask for copies of drivers' licenses, tax IDs, or other identifying documents. By providing us with any telephone numbers for cellular phones or other wireless devices, you are expressly consenting to receiving any communications at those numbers - including but not limited to prerecorded or artificial voice message calls, text messages and calls made by an automatic telephone dialing system - from Braun Financing and its affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose.

ECOA Notice

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for that 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 our compliance with this law is the Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut Street. Box #11. Kansas City. MO 64106.