



213 w. 35th Street
Suite 1000
New York, NY 10001
Tel 212.819.2000
Fax 212.819.9764
www.easternfunding.com

CREDIT

application

| | | | | | | | |
|-----------------------------|---|-------------------|-----------------------|---|---|---|--|
| APPLICANT'S BUSINESS | APPLICANT'S EXACT LEGAL NAME _____ DBA _____ | | | | TELEPHONE () | | |
| | ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____ | | | CELLULAR PHONE OR PAGER NO. () | | | |
| | TYPE OF BUSINESS <input type="checkbox"/> DRY CLEANER <input type="checkbox"/> LAUNDRY <input type="checkbox"/> OTHER _____ | | AGE OF BUSINESS _____ | YRS. CURRENT OWNERSHIP _____ | FEDERAL TAX ID. _____ | <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC | |
| | | | | | <input type="checkbox"/> CORPORATION State of Inc. _____ | | |
| | LOCATION OF EQUIPMENT (Street) _____ (City) _____ (State) _____ (Zip) _____ | | | | EMAIL ADDRESS: _____ | | |
| | DISTRIBUTOR: _____ | | INSURANCE AGENT _____ | | LOAN OR LEASE (Circle One) | | |
| CONTACT: _____ | | | | LEASE PURCHASE OPTION: \$1 _____ 10% _____ | | | |
| PHONE: _____ | | AGENT PHONE _____ | | OTHER: _____ TERM (Circle One) | | | |
| FAX: _____ | | () | | 24 36 48 60 72 84 | | | |
| | | | | EQUIPMENT COST: _____ | | | |
| | | | | TOTAL FINANCED: _____ | | | |
| | | | | EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED | | | |

| | | | | | | |
|------------------|--|--|---------------|------------------------|---------------------------|-----------------------|
| OWNERSHIP | PRINCIPAL'S NAME _____ TITLE _____ | | | % OWNERSHIP _____ | SOCIAL SECURITY NO. _____ | |
| | HOME ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____ | | | YRS IN BUSINESS _____ | HOME PHONE () | |
| | PRINCIPAL'S NAME _____ TITLE _____ | | | % OWNERSHIP _____ | SOCIAL SECURITY NO. _____ | |
| | HOME ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____ | | | YRS. IN BUSINESS _____ | HOME PHONE () | |
| | EXACT NAME OF OTHER BUSINESSES _____ | | ADDRESS _____ | YRS OWNED _____ | STILL OWN? _____ | TELEPHONE () |
| | EMPLOYER _____ | | ADDRESS _____ | YRS. EMPLOYED _____ | JOB TITLE _____ | WORK TELEPHONE () |

| | | | | | |
|-------------|-------------------------------|---|---------------------------|----------------|----------------------------|
| BANK | PRESENT BANK _____ | ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____ | | | TELEPHONE () |
| | ACCOUNT UNDER NAME OF _____ | CHECKING ACCOUNT NO. _____ | SAVINGS ACCOUNT NO. _____ | LOAN NO. _____ | LOAN OFFICER/CONTACT _____ |
| | PREVIOUS OR SECOND BANK _____ | ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____ | | | TELEPHONE () |
| | ACCOUNT UNDER NAME OF _____ | CHECKING ACCOUNT NO. _____ | SAVINGS ACCOUNT NO. _____ | LOAN NO. _____ | LOAN OFFICER/CONTACT _____ |

| | | | | |
|--------------|-----------------------------------|------------------------|---------------|------------------|
| TRADE | TRADE REFERENCE _____ | ADDRESS (Street) _____ | CONTACT _____ | TELEPHONE () |
| | TRADE REFERENCE _____ | | | () |
| | LANDLORD OR MORTGAGE HOLDER _____ | | | () |

HAVE YOU EVER FILED FOR BANKRUPTCY? NO YES - EXPLAIN

HAVE YOU EVER HAD A JUDGMENT OR LIEN? NO YES - EXPLAIN

ARE YOU A DEFENDANT IN ANY LEGAL ACTION? NO YES - EXPLAIN

ANY REPOSSESSIONS? NO YES - EXPLAIN

Applicant(s) certify that the above information and on the reverse is complete and accurate and not misleading or any material omitted, and that the applicant intends that the Lessor rely on the information in deciding whether or not to enter into the transaction. The Applicant(s) authorize the Lessor, or his agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related or associated with this Application from credit bureaus and from employers, creditors, and references listed on this Application, and that such information, along with this Application, shall remain the Lessor's property. In addition, Eastern Funding LLC is hereby authorized to file any financing statement with the appropriate public authority in order to properly perfect a security interest on a timely basis.

Signed _____ Date _____ Signed _____ Date _____



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PERSONAL FINANCIAL statement

NAME _____ INDIVIDUAL JOINT WITH SPOUSE

| ASSETS | DOLLARS | LIABILITIES | DOLLARS |
|--|---------|--|---------|
| Cash, Savings Accounts, CDs | | Car Loans | |
| IRA or Other Retirement Accounts | | Credit Card Balances | |
| Stocks and Bonds not held in Retirement Accounts | | Notes payable to others | |
| Accounts and Notes Receivable | | Other unpaid taxes and interest | |
| Real Estate owned – see schedule | | Real Estate Mortgages payable – see schedule | |
| Real Estate Mortgages Receivable | | Chattel Mortgages and other Liens payable | |
| Automobiles and other Personal Property | | | |
| Business-Owned – Value | | | |
| Corporate Name 1. | | | |
| 2. | | TOTAL LIABILITIES | |
| 3. | | NET WORTH (Assets minus Liabilities) | |
| | | TOTAL LIABILITIES & NET WORTH | |
| TOTAL ASSETS | | | |

SCHEDULE OF REAL ESTATE OWNED

| Description and location of property and improvements | Date Acquired | Mortgage Holder | Title in Name of | Original Cost | Present Market Value | Present Mortgage Balance | |
|---|---------------|-----------------|------------------|---------------|----------------------|--------------------------|----------|
| | | | | | | Amount | Maturity |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| SOURCE OF INCOME | DOLLARS | CONTINGENT LIABILITIES | DOLLARS |
|-------------------------------|---------|----------------------------------|---------|
| Salary | | As Endorser or Co-Maker | |
| Net Investment Income | | Legal Claims & Judgments | |
| Real Estate Income | | Provision for Federal Income Tax | |
| Other Income (Describe below) | | Other Other Special Debt | |

Description of Other Income (Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for repaying this loan.)

| | | |
|---------------------------------------|----------------|---------------|
| PERSONAL REFERENCE NOT RELATED TO YOU | NAME & ADDRESS | PHONE NUMBER: |
|---------------------------------------|----------------|---------------|

| | | | |
|--|----------------|--------------|---------------|
| PERSONAL REFERENCE RELATIVE NOT LIVING WITH YOU WITH APPLICANT | NAME & ADDRESS | RELATIONSHIP | PHONE NUMBER: |
|--|----------------|--------------|---------------|

DOCUMENTS REQUIRED:

- Completed application including financial statement
- 2 years of federal tax returns (Business & Personal)
- Copy of the business certificate or Certificate of Incorporation
- Copy of last 2 months bank statements (Business & Personal)
- Full copy of store lease (or building deed, if owned)
- Equipment contract signed by the dealer and customer
- Copy of driver's license

WE LOOK FORWARD TO SERVING YOU!