

Credit Application

Applicant

Legal Business Name		Phone#	Fax#
Street Address		City, State, Zip	
Federal Tax ID #	Contact Name	Lease Signer & Title	Email Address
Number of years in Business	Legal Structure (please check one) <input type="checkbox"/> Corporation: ___ "C" Corp. ___ "S" Corp. ___ Limited Liability Corp. <input type="checkbox"/> Partnership		
<input type="checkbox"/> Sole Proprietor	DBA Name	Social Security Number (must have for sole prop)	

Equipment Description

Vendor Name		Vendor Phone# (Optional)	Vendor Fax# (Optional)		
Requested Dollar Amount:		Requested Term (months):	Purchase Option: <input type="checkbox"/> \$1.00 <input type="checkbox"/> FMV		
New/Used	Model	Model Description	Cost	Quantity	Total Cost

Finance Terms

Rate Factor	Term	Manufacturer Rate Program	Adv Payments	Payment Amount	Maintenance Payment	Payment with Maintenance

Personal Data (required of proprietors, partners, or major shareholders)

Name	Title	Home Address	Social Security #	US Citizen
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

Bank / Loan References

Institution Name	City / State	Phone #	Contact Person	Account #

Comments: _____

I/we hereby represent that all the information contained in this credit application is true, correct and complete. I/we authorize BFG Corporation dba Byline Financial Group ("Byline") or its agent to obtain references from the sources listed above, or from any other source deemed necessary, including personal credit reports, and authorize all sources to release such references to Byline in support of this credit application or the collection of any resultant account. This application is made under and governed by the laws of the State of Illinois.

Signature: _____ Date: _____

Signature: _____ Date: _____

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL: 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 Byline Financial Group, 2801 Lakeside Dr. Suite 212, Bannockburn, IL 60015 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.