Jon Auge Vice President jauge@firstbusiness.bank

Signature_

Legal Business Name



Phone: 952-594-1446

Please Return Completed Application via Email to Application@Firstbusiness.bank Credit Application

| Applicant Information | Street Address | | | | City, State, Zip | | | | | |
|---|--|---|---|--|--|---|---|--|--|---|
| | Federal Tax ID # | Contact Name | : | Contract Signer | | | | Email Address | | |
| A fr | Year Business Started /Acquired | Legal Structure | e (please c | theck one) | | | | | | |
| | | "C" Corp | "S" Corp. | | Limited Liability Cor | | p. Partnership | | Proprietorship | |
| ent | Supplier's Name Contact | | | Contact's Na | Name Supplier | | | Phone # (Optional) | | |
| Equipment Description | Requested Dollar Amount | | Request | ed Term (mor | hs) Financing 1 | | Financing Ty | ype Loan Lease | | |
| Equ | Equipment Description | | | | | | | | | |
| | | ers | | | | | | | | |
| Owner(s) Information | Person's Legal Name | | Ownership % | | Title Ce | | ell Number | | Social Security # | |
| | | | | | | | | | | |
| | Home Address Email Address | | | | | | | | | |
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| | Home Address Email Address | | | | | | | | | |
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| | Home Address Email Address | | | | | | | | | |
| × • | Bank Name | City , | / State C | | ntact Person | Ph | one Number | r | Account # | |
| Bank Info | | | | | | | | | | |
| First Business inquiries about may share wit applicant and Application is or lawful peri deemed repeat does not make | g this Application, the undersigned warrar Specialty Finance, LLC, ("FBSF") and it to the applicant and all such individuals, at hone another and credit reporting and me the individuals; (c) the information on or submitted in connection with financing semanent resident of the United States; and ted for each future request, unless the apple offers or commitments to extend credit e EFULLY BEFORE SUBMITTING TH | s agents, assigns, ond anybody contaconitoring agencies accompanying this olely for business a 1 (f) this Application in the applicant submits a new xcept in final signe | or affiliates in connicted in connicted in connicted financial, constant commer on will apply with with a post of the control | may obtain commection therewith redit and other in is true and cor- cial purposes andly to any future epplication; (g) the ts. Term sheets, | mercial and consu- may release any nformation about nplete, and the ur- d NOT for person request for addi is Application is proposal letters, p | inner credit rep credit and fin the applicant indersigned will hal, family or litional financia made under an payment quote | ports, investigate ancial informate and such indivible notify FBSF of household purping and all notice and shall be govers, approval letters. | e references ar tion; (b) FBSF iduals and use of any material oses; (e) the ar ces, disclosure erned by the la ers and the like | and statements, and make of and its agents, assigns, or shared information to man change in any informatio opticant, if an individual, i so, consents and warrantie was of the State of Wiscon are not commitment lette | ther credit r affiliates rket to the on; (d) this s a citizen es shall be sin. FBSF ers. |

Print Name_____ Date____ Print Name____ Date____ Print Name____ Date____

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 all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we may ask for

send this Application by unencrypted and non-secure e-mail, the contents including non-public information may be at risk, and we are not responsible for the security of the contents or for any theft or loss of data during e-mail transmission. If you decide to assume the risk of submitting this Application by e-mail, enter your name as authorized agent below. By entering your name and

submitting this Application to us, you agree that this Application is an electronic record executed by you using your electronic signature.

Signature_

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.

EQUAL CREDIT OPPORTUNITY ACT; 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 compliance with this law concerning this creditor is the FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.

Signature_