



# Credit Application

## Financing Under \$75,000 (United States)

### Applications Less Than \$75,000 for the United States Should Include the Following:

#### 1. Completed Customer Application Including

- Complete Name & Address
- Principal(s) Names & Social Security Numbers
- Bank Name, Checking Account Number, Contact Person (if available) and Phone Number
- Date Applicant's Ownership of Business began
- Landlord or Mortgage Holder Information
- Signature of Each Principal

#### 2. Copy of Equipment Proposal Listing:

- Make & Model Numbers of the Equipment
- Cost Per Piece of Equipment
- Freight & Installation Must be Separate
- Proposal Must be Signed by Applicant(s)

#### 3. Most Recent Three Months Business & Personal Bank Statements

### Financing Preferences

Financing Type Preferred:  Lease  Fixed-Rate Note  Variable-Rate Note

Desired Terms:  24 months  36 months  48 months  60 months  90-day deferred

Lease Purchase Option:  \$1.00  10% Amount Requested: \$ \_\_\_\_\_

### Business Information

Exact Legal Name: \_\_\_\_\_ DBA: (if different): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Equipment Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mortgage Holder or Landlord of Business Location: \_\_\_\_\_

Mortgage Holder or Landlord Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check Which One Applies:  Corporation  LLC  Partnership  Proprietor

Premises:  Leased  Owned Federal I.D. Number: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Date Ownership Started: \_\_\_\_\_

## Personal Information

Principal's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Distributor Information

Name of Equipment Vendor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sales Rep Name: \_\_\_\_\_

## Banking Information

### Banking Information (or Most Recent Three Months Business & Personal Bank Statements)

Online Statements Must Include Account Holders Name

Institution Name	Account Number	Type	Officer to Contact	Phone Number

If this application is faxed, such facsimile copy shall be deemed to be an original and copies thereof shall be as valid as the original. Applicant(s) certify that the above information is complete and accurate and not misleading or any material omitted, and that the applicant intends that the Lender rely on the information deciding whether or not to enter into this transaction. The Applicant(s) authorize the Lender, 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, creditors and references listed on this Application, and that such information, along with this Application shall remain the Lender's property. In addition, Dexter Financial is hereby authorized to file any financing statement with the appropriate public authority in order to perfect a security interest on a timely basis.

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

## How to Submit Your Credit Application

1. Complete ALL of pages 1 and 2 of this application.
2. Attach a copy of the equipment proposal listing from your Distributor. Make sure it includes each of the following.
  - Make & Model Numbers of the Equipment
  - Cost Per Piece of Equipment
  - Freight & Installation Must be Separate
  - Proposal Must be Signed by Applicant(s)
3. Include your most recent three months business & personal bank statements.
4. Submit your application via fax or mail. Applications can be faxed to (319) 364-6502 or mailed to the addresses below.

**Regular First-Class Mail to:**  
Dexter Financial Services, Inc.  
P.O. Box 5368  
Cedar Rapids, IA 52406-5368

**Overnight Mail to:**  
Dexter Financial Services, Inc.  
5001 J Street S.W.  
Cedar Rapids, IA 52404-4916

### Underwriting

Upon receipt of a complete application package, our representatives will evaluate your request. Generally, we will inform you of our credit decision within 2 business days or less of receiving a complete application. To avoid delays in credit underwriting please make sure:

- Application is complete and accurate, including applicable supporting information.
- Final equipment package has been determined prior to submitting application.

Additional information may be required to process your application. If additional paperwork is needed, your Dexter Financial representative will contact you to help you complete your application process.

Note: This application does not obligate Dexter Financial Services to enter into an agreement. 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 a Credit Analyst at Dexter Financial Services, Inc., P.O. Box 5368, Cedar Rapids, IA 52406-5368, at 1-800-926-8230, 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.

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, or age (provided the applicant has the capacity to enter into a binding contract); or 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 Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.



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**FINANCIAL**

**P.O. Box 5368, Cedar Rapids, IA 52406-5368**

**Phone: 800-926-8230 or 319-363-3769**

**Fax: 319-364-6502 • [www.dexterfinancial.com](http://www.dexterfinancial.com)**



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