

Credit Application

CUSTOMER INFORMATION:

Business Type: (check one) Proprietorship Corporation LLC Partnership FED ID# _____ State _____

Industry: (check one) Amusement (Route) Amusement (FEC, Arcade) Vending Carnival OCS Other _____

Year Business Started: _____ Annual Revenues in Most Recent Year _____ # of Employees _____ # Pieces of Equipment _____

Business Name (correct legal name): _____
(IF A DBA, PLEASE IDENTIFY DBA NAME)

Business Mailing Address: _____
(STREET) (CITY) (COUNTY) (STATE) (ZIP)

Business Telephone #: _____ Fax #: _____ Email Address: _____

Primary Contact Name(s) _____ Business Web Site Address: _____

TRANSACTION INFORMATION:

Equipment Vendor _____ Vendor Phone # _____

Equipment Description (Year, Make, Model, Serial #) _____

Equipment Cost _____ Down Payment Amount (Please specify Cash or Trade) _____

Term Length Requested _____ Months Preferred for Payment (Seasonal Payment Requests) _____

BUSINESS OWNER / OFFICER / MEMBER / PARTNER: *Note: If there are more than two, please list them on an attached sheet of paper.*

Name: Mr./Ms. _____ Soc.Sec.# _____ Title: _____ Ownership % _____
(CIRCLE ONE)

Home Address: _____ Home # _____ Cell #: _____

Name: Mr./Ms. _____ Soc.Sec.# _____ Title: _____ Ownership % _____
(CIRCLE ONE)

Home Address: _____ Home # _____ Cell #: _____

REFERENCES:

1. _____
(TRADE REFERENCE) (PHONE #) (CONTACT NAME)

2. _____
(BUSINESS CHECKING ACCOUNT) (PHONE #) (CONTACT NAME) (ACCOUNT #) (CITY/STATE)

3. _____
(LOAN REFERENCE) (PHONE #) (CONTACT NAME) (LOAN/LEASE #)

CARNIVAL CUSTOMERS ONLY:

Please mail the completed application with your most recent tax return, equipment list and route schedule to the Firestone address, or fax to 617-332-8032.

Which show do you operate on? _____ State Where Equipment Will Be Registered and Titled _____

Insurance Agency _____
(PHONE #) (CONTACT NAME) (FAX #) (CITY/STATE)

I submit the information hereof is true and complete, and I agree to furnish financial statements from time to time as you may request, and promptly notify you of changes in my financial circumstances. Authorization is given by signature(s) below for Firestone Financial Corp. to inquire about credit experience of above bank and trade references and to make inquiries of credit reporting agencies and authority is granted for stated references and credit reporting agencies to furnish this information.

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 Firestone Financial Corp. within 60 days from the day 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 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) : familial status, sexual orientation, ancestry, handicap or whether or not all or part of the person's income derives from any public assistance program : or whether 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 Federal Deposit Insurance Corporation, 15 Braintree Hill Office Park, Braintree, MA 02184. The state agency that administers compliance with the state law is Massachusetts Commission Against Discrimination, One Ashburton Place, Boston, MA 02108.

Signed by Applicant: _____ Signed by Applicant: _____

CALL 800-851-1001 OR E-MAIL websales@firestonefinancial.com WITH QUESTIONS.

