



APPLICANT DATA					
Legal Company Name	Trade Style (DBA)		Year Established	Federal Tax ID Number	
Address			City	State	Zip Code County
Person to Contact	Business Telephone #	Business Fax #	E-Mail Address		
Entity Type (check one box)	Corporation	Partnership	Proprietorship	LLC	C Corp. S Corp.
Current Fleet Size: Ambulances	Type I	Type II	Type III	Other	
List Affiliated Companies or Subsidiaries					

PARTNERS, GUARANTORS AND PRINCIPALS				
1. Principal Owner	% Ownership	Title	Social Security Number	
Address	City	State	Zip Code	
2. Principal Owner	% Ownership	Title	Social Security Number	
Address	City	State	Zip Code	

EQUIPMENT TO BE FINANCED					
Quantity	Year, Manufacturer, Model	\$ Requested	Terms	Replacement Expansion	Lease Loan

INSURANCE INFORMATION		
Insurance Company Name (Liability & Physical Damage)	Agent	Telephone #

CREDIT REFERENCES			
Bank Name	Account Number(s)	Contact	Telephone #
Bank Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #
Finance Company Name	Account Number(s)	Contact	Telephone #

COMPANY HISTORY/INFORMATION

REASON FOR ACQUISITION

I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

\_\_\_\_\_  
Signature Title Date