Xtreme Financial Services 4680 Parkway Drive, Suite 300 Mason, OH 45040

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FOR OFFICE USE ONLY
APPROVED BY:
APPROVED CREDIT LINE:
DISCOUNT:
NET TERMS:

SELECT BRAND









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COMMERCIAL CREDIT APPLICATION

BOTH PAGES OF THIS DOCUMENT MUST BE COMPLETED IN THEIR ENTIRETY. INCOMPLETE DOCUMENTS WILL NOT BE PROCESSED.

XTREME FINANCIAL SERV	VICES ("XFS"). IF YOU SENI	D THIS APPLICATION BY FA	X OR UNENCRYPTED, NON	PLICATION") TO SUMMIT FO N-SECURE EMAIL, THE CON' SSUME ALL RISK AND LIAB	TENTS MAY BE AT RISK.
GENERAL APPI	LICANT INFORM	ATION			
EQUIPMENT DESCRIPTION:					
EQUIPMENT LOCATION:					
APPLICANT'S LEGAL NAME:		APPLICANT'S TRADE NAME: (IF A	APPLICABLE)	ENTITY TYPE: (CORPORATION, PARTNERSHIP, LLC, ETC.)	STATE OF ORGANIZATION:
BUSINESS TELEPHONE NUMBER:		BUSINESS FAX NUMBER:		BUSINESS WEBSITE: (IF APPLICABLE)	
PHYSICAL ADDRESS:				1	
BILLING ADDRESS: SAME	AS PHYSICAL ADDRESS				
SHIP-TO-ADDRESS: SAME	AS PHYSICAL ADDRESS				
DESCRIPTION OF BUSINESS:					
DATE BUSINESS STARTED:	EMPLOYER IDENTIFICATION NUMBER:	YEARS UNDER CURRENT MANAGEMENT:	ANNUAL GROSS REVENUE:	TAX EXEMPT? (if yes, please provide certificate) YES NO	NUMBER OF EMPLOYEES:
HAS THE FIRM OR ANY OF ITS PE IF YES, PLEASE EXPLAIN:	RINCIPALS EVER FILED FOR BANKR	RUPTCY? YES NO			•
	CORPORATION) / P		RSHIP) / MEMBERS	(LLC) / SOLE PROP	IERTORSHIP (DBA) ADDITIONAL SHEETS ATTACHED
FULL LEGAL NAME:		SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	
TITLE WITH APPLICANT: (PRESIDENT, MANAGING MEMBER, ETC.)		% OWNERSHIP OF APPLICANT:		MOBILE TELEPHONE NUMBER:	
RESIDENTIAL ADDRESS: (NUMBER, STREET, CITY, STATE AND ZIP CO		DDE)		EMAIL ADDRESS:	
NET WORTH: (EXCLUDING VALUE OF BUSINESS)		GROSS INCOME:		TIME AS CURRENT OWNER:	
FULL LEGAL NAME:		SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	
TITLE WITH APPLICANT: (PRESIDENT, MANAGING MEMBER, ETC.)		% OWNERSHIP OF APPLICANT:		MOBILE TELEPHONE NUMBER:	
RESIDENTIAL ADDRESS: (NUMBER, STREET, CITY, STATE AND ZIP CO		L DDE)		EMAIL ADDRESS:	
NET WORTH: (EXCLUDING VALUE OF BUSINESS)		GROSS INCOME:		TIME AS CURRENT OWNER:	
FULL LEGAL NAME: SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		
TITLE WITH APPLICANT: (PRESID	ENT, MANAGING MEMBER, ETC.)	% OWNERSHIP OF APPLICANT:		MOBILE TELEPHONE NUMBER:	
RESIDENTIAL ADDRESS: (NUMBER, STREET, CITY, STATE AND ZIP CODE)		DE)		EMAIL ADDRESS:	
NET WORTH: (EXCLUDING VALU	E OF BUSINESS)	GROSS INCOME:		TIME AS CURRENT OWNER:	
BANK INFORMATION	ON				
BANK NAME:		BRANCH ADDRESS:			
NAME OF BANK REPRESENTATIV	/E:	TELEPHONE NUMBER OF BANK REPRESENTATIVE:		EMAIL ADDRESS OF BANK REPRESENTATIVE:	
CHECKING ACCOUNT NUMBER: SAVINGS ACCOUNT NUMBER:			NUMBER OF YEARS WITH BANK:		

CREDIT REQUESTED							
PAYMENT INTERVAL REQUESTED: MONTHLY QUARTERLY OTHER (SPECIFY)	AMOUNT REQUESTED: (USD)	TERM REQUESTED: (MONTHS)	FINANCING OPTION REQUES				
TRADE REFERENCES (OPEN ACC	OUNTS ONLY)						
FIRM NAME & ADDRESS:			TELEPHONE NUMBER:	CONTACT NAME:			
FIRM NAME & ADDRESS:			TELEPHONE NUMBER:	CONTACT NAME:			
FIRM NAME & ADDRESS:			TELEPHONE NUMBER:	CONTACT NAME:			
DISCLOSURE OF NON-PUBLIC PERSONAL INFORMATION ARE YOU INTENDING TO USE THE EQUIPMENT FOR PERSONAL, FAMILY, OR HOUSEHOLD PURPOSE							
	IF YES, PLEASE ASK EPP FOR YOUR FREE COPY OF THE IMPORATANT 'GRAMM-LEACH-BILEY ACT' NOTIFICATION WHICH OUTLINES EPP'S POLICY ON THE DISCLOSURE OF NON-PUBLIC PERSONAL INFORMATION.						
TERMS AND CONDITIONS							
L. Applicant and each shareholding potential for the methor of Applicant seed an "Owner" seed to consist to, and expressly justionizes the collection disclosure and any many of expression of the seed of the program o							
Signature:	Printed Name:		Title:	Date:			

Signature: