

Credit Application

BUSINESS INFORMATION

CHECK ONE: Corporation Limited liability Partnership Proprietorship Federal tax ID# _____

Full legal name _____ Trade name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Year inc. _____ State inc. _____ Number of employees _____ Annual sales \$ _____

Do you own this location? Yes No If no, landlord name _____ Phone _____

Do you own other businesses? Yes No If yes, explain? _____

PRINCIPAL INFORMATION (#1)

Name _____ Title _____

Social Security # _____ Years as owner _____ Your % ownership _____

Home phone _____ Cell phone _____ Rent Own home Number of years _____

Address _____ City _____ State _____ Zip _____

PRINCIPAL INFORMATION (#2)

Name _____ Title _____

Social Security # _____ Years as owner _____ Your % ownership _____

Home phone _____ Cell phone _____ Rent Own home Number of years _____

Address _____ City _____ State _____ Zip _____

BANK REFERENCE (business account)

Bank _____ Phone _____ Contact _____

Account # _____ To ensure 24-hour response, please attach your last 2 months' corporate statements

LEASE/LOAN REFERENCE (largest obligation)

Name _____ Phone _____ Contact _____

Account # _____ Original amount of lease/loan \$ _____

TRADE REFERENCE (largest suppliers)

Name _____ Phone _____ Contact _____

Name _____ Phone _____ Contact _____

EQUIPMENT & EQUIPMENT CREDIT LINE INFORMATION

Equipment description _____ Equipment location _____

Approximate cost \$ _____ When do you need the equipment? ASAP Other _____

I am interested in an additional equipment credit line of \$25,000 \$50,000 \$100,000 Other \$ _____

I hereby authorize my bank(s), creditors, and suppliers to release to Butler Capital all information requested for its credit investigation. I certify that all information supplied is current and correct. If my application for business credit is denied, I have the right to a written statement of the specific reasons for the denial.

Applicant signature _____ Date _____

Applicant signature _____ Date _____

LEGAL DISCLOSURES

Above terms may/may not include sales/use tax. 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: Legal Dept., Butler Capital Corp., PO Box 677, Hunt Valley, MD 21030-0677, 410-771-9600, within 60 days from the date you are notified of our decision. Butler Capital will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. 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 credit is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20850.

Rob Brando • Phone 443-589-2167 Fax 443-589-2161 / Trey Peters • Phone 410-771-9606 Fax 443-589-2161

Personal Financial Statement

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home phone _____ E-mail _____

ASSETS

Checking/savings/ CD/ money market (Indicate IRAs or Keoghs with asterisk *)

Copies of most recent bank statements attached

On deposit at	Phone #	Account # and type	Current balance
1. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	
2. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	
3. _____	_____	_____	\$ _____
		<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	

Stocks/ bonds/ mutual funds (listed)

	Number of shares	Market value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Residence (address)

	Purchase price	Market value
1. _____	\$ _____	\$ _____
Titled to _____	Purchase date _____	

Other real estate (address)

	Your ownership %	Purchase date	Purchase price	Market value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____

Other assets (insurance/ automobile/ accounts or notes receivable/ other businesses owned)

	Your ownership %	Market value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
TOTAL ASSETS		\$ _____

Personal Financial Statement (continued)

Name _____ Date _____

DEBT SCHEDULE (Include all obligations of your own and co-applicant over \$500)

	Balance	Monthly payment
Auto loans		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
Revolving credit lines/credit cards		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
Mortgage/ home equity loans		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
Other debts/liabilities (If deferred, indicate when payments begin)		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
TOTAL DEBTS	\$ _____	\$ _____

IMPORTANT
 Is there any debt or other financial obligation you have now OR expect to have in the next 12 months that is not listed on this form, OR are you a guarantor or co-signer for others?
 Yes No If "Yes" please attach an explanation.

NET WORTH
 (assets minus debts) \$ _____

PERSONAL DATA		CO-APPLICANT DATA	
Social Security # _____	Date of birth _____	Social Security # _____	Date of birth _____
Employer _____		Employer _____	
Contact _____		Contact _____	
Work phone _____		Work phone _____	
Position _____		Position _____	
Number of years _____	Salary \$ _____ /mo.	Number of years _____	Salary \$ _____ /mo.
Other income (personal)		Other income (co-applicant)	
Explain source _____		Explain source _____	
Monthly gross \$ _____	Annual gross \$ _____	Monthly gross \$ _____	Annual gross \$ _____
Take home \$ _____	Per month \$ _____	Take home \$ _____	Per month \$ _____

We provide this statement to obtain business credit from Butler, directly or as guarantors; understand that Butler will rely on it to extend credit; represent and warrant it to be true and complete; and authorize all inquiries Butler deems necessary to verify its accuracy.

Signature _____ Date _____ Co-applicant signature _____ Date _____

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