THE PEOPLES STATE BANK OF NEWTON 100 West Washington Newton, IL 62448 APPLICATION FOR EQUIPMENT LOAN

Application # _____

Individual Applicant Name(s)		SSN	SSN Date of Birth		Telephone #			
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				_//		()		
Business Entity								
Legal Name		EIN	EIN Business Entity			State O	rganized	
			Corporati	Corporation LLC				
			Partnersh	ip 🗆 Other	r			
wner/Partner/Member		SSN	SSN Date of Birth		Telephone #			% Owned
			/	/	()	_	
			/_		- \			
			/_	/	_ ()		
Current Address		City			State		Zip Code	
						_		
						_		
Financial Informa	tion: #Y	ears in Business	# of Employees					
				_				
Equipment Descri	ption:							
			. <u></u>					
Purchase Price:		Loan Red	quest amou	nt:			_	
Financial Stateme	nt [.] As of		Financial Sta	tomont Atta	had			
Assets			bilities	ament Atta	neu		7	
Cash	\$	Accts Pay		\$			-	
Tools	\$	Operating	g Note	\$]	
Other Current	\$	Other Cur		\$			4	
Machinery/Equipment	\$	Equipmer		\$			-	
Real Estate	\$ \$	Mortgage Other Lin		\$ \$			-	
Other Assets Total Assets	\$	Other Lia Total Lial		\$ \$			-	
10101 100010	ψ	Totai Liai	onnues	ψ				
Business Net Incor	me (Last Tw	o Fiscal Years) Note:	Please provide n	et income				
Income Date			Rental Income			Other l	Income	
		-						
Non-Business Inco	ome (Based o	on Last Federal Tax	(Return)					
Source		Amount	Sourc	e			A	Amount
For the purpose of procuring	credit, I/We furnish	h the forgoing as true and accur	rate statement of n	ny/our financial	conditior	n. Authori	zation is hereby	y given to The Peop

For the purpose of procuring credit, I/We furnish the forgoing as true and accurate statement of my/our financial condition. Authorization is hereby given to The Peoples State Bank and to Cardinal Leasing LLC to verify in any manner it deems appropriate any and all items indicated above including obtaining reports concerning my/our credit history. I/We also certify that the equipment being financed is for a business purpose only.

Please email back to office@cardinalleasing.us or fax to 866.614.1164