

# GlobaLease | Solutions™

a division of TAISC, Inc.

800.749.3905  
800.760.9605 FAX  
www.taisc.com

## Welcome!

We appreciate your interest in our Company and thank you for the opportunity to be a part of your growth story. Our team of professionals is ready to assist you -- both now and in the future. We're interested in long term relationships and not just one time deals!

Following your will find our Commercial Credit Application Packet. Please complete and return the package including all required documents to us for prompt consideration. We know that time is a valuable resource, so we'll do all we can to speed your transaction along.

If you are a publicly traded organization or a governmental entity requiring tax exempt financing, please contact us as your requirements are a bit different than our regular commercial transactions.

For your information, the following types of governmental agencies qualify for tax-exempt financing with a few exceptions:

Cities, towns, boroughs, villages, counties, states, schools, universities, volunteer fire departments, districts & authorities, hospitals, 501c3 Corporations, and Indian Nations.

Again, thank you for your trust. We look forward to providing solutions for you and your Company.

*5 Pages to Follow*

## GENERAL APPLICATION REQUIREMENTS

### Commercial For-Profit Businesses

In order to more fully understand your growing business, kindly provide a short description of your business and its history. Be sure to include information on the need for the new equipment and its projected impact on your business.

#### \$74,999 & under

Completed Application -- dated & signed by all Applicant(s) & Guarantor(s).  
Financial Statement (Balance Sheet & Income Statement) dated within last 90 days.  
Full description of equipment to be acquired.  
Copy of purchase order or invoice for proposed equipment, if available.

#### \$75,000 & over

Completed Application -- dated & signed by all Applicant(s) & Guarantor(s).  
Financial Statement (Balance Sheet & Income Statement) dated within last 90 days.  
Full description of equipment to be acquired.  
Copy of purchase order or invoice for proposed equipment, if available.

#### PLUS:

Last 3 years tax returns.  
Last 3 years Balance Sheet & Income Statement (year end).  
Last 3 months bank statements.

Note: Tax returns not necessary if audited financial statements are provided.

NOTE: Additional information and documentation may be required at our discretion of on any transaction regardless of size.

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## TRANSACTION WORKSHEET

DATE: \_\_\_\_\_

Dear Applicant:

In order to provide you with the structure best suited to your needs, please complete all applicable sections of this worksheet so that we can more fully understand your goals and objectives in this transaction. Our goal is to structure a solution best suited to your needs quickly and efficiently.

Thank you for allowing us the opportunity to be of service!

### APPLICANT

COMPANY  
NAME: \_\_\_\_\_

### EQUIPMENT

COST OF  
EQUIPMENT: \$ \_\_\_\_\_

REQUESTED  
FUNDING AMOUNT: \$ \_\_\_\_\_

### REQUESTED TERMS

PAYMENT  
FREQUENCY: \_\_\_\_\_  
Monthly / Quarterly

PREFERRED DATE  
OF PAYMENTS: \_\_\_\_\_  
(ie: 1<sup>st</sup>, 15<sup>th</sup>, etc.)

PREFERRED  
DURATION: \_\_\_\_\_  
(Number of Months)

REQUESTED END  
OF LEASE OPTION: \_\_\_\_\_  
(List all options to be quoted)  
a. Fair Market Value (FMV)  
b. 10% Purchase Upon Termination (10% PUT)  
c. \$1.00

NOTE: Terms may vary by location and are subject to change without notice. This worksheet is provided for informational purposes only. All transactions are subject to credit and equipment approval.

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**BUSINESS CREDIT APPLICATION**  
 (Please print or type – Use additional pages as necessary)

**APPLICANT INFORMATION**

Company Name \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 TAXID Number \_\_\_\_\_ Time in Business \_\_\_\_\_  
 Main Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_  
 Business Structure \_\_\_ Corporation ( \_\_\_ C-Corp or \_\_\_ S-Corp) \_\_\_ LLC \_\_\_ Partnership \_\_\_ Proprietorship  
 Date of Incorporation/Formation \_\_\_\_\_ State of Incorporation/Formation \_\_\_\_\_  
 Number of Full time Employees \_\_\_\_\_ Number of Locations \_\_\_\_\_ Website: \_\_\_\_\_

**VENDOR & EQUIPMENT**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Main Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_  
 Description of Equipment: \_\_\_\_\_  
 Proposed Date of Installation: \_\_\_\_\_ Address: \_\_\_\_\_

**ATTACH A COPY OF PURCHASE ORDER OR INVOICE, IF AVAILABLE.**

**GUARANTORS (20% or greater owners)**

Full Name & Title <i>(if any)</i>	SS No.	Home Address	% Own	Since

**BANK REFERENCES**

Bank Name	Contact	Telephone	Account Number & Type

**TRADE REFERENCES**

Company Name	Contact	Telephone	Account Number & Type

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**BACKGROUND QUESTIONS**

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING THE COMPANY, ITS PRINCIPALS AND ALL GUARANTORS. FOR QUESTIONS 1-8, ATTACH COMPLETE EXPLANATION FOR ALL "YES" ANSWERS. FOR QUESTIONS 9 & 10, ATTACH A COMPLETE EXPLANATION FOR ALL "NO" ANSWERS.

- |  |   |
|--|---|
| 1. Any unsatisfied judgments or liens? Y / N | 6. Have you ever been a customer of ours? Y / N |
| 2. Ever declared bankruptcy? Y / N           | 7. Any assets held in trust? Y / N              |
| 3. Defendant in any legal proceeding? Y / N  | 8. Guarantor of any debt or leases? Y / N       |
| 4. Ever had equipment repossessed? Y / N     | 9. Are you a US Citizen? Y / N                  |
| 5. Ever been foreclosed upon? Y / N          | 10. All taxes and tax filings current? Y / N    |

**CREDIT AUTHORIZATION, RELEASE & CERTIFICATION**

The undersigned certify that all information provided with and for this Application is true, correct, complete and further authorizes TAISC, Inc. DBA GlobaLease Solutions (hereinafter "TAISC"), its designee, assigns or potential assigns, to obtain from third parties any information deemed necessary to arrive at a credit decision and to service any resultant account including, but not limited to, verification of accounts, assets, liabilities, credit experiences, etc. The undersigned further understand that TAISC may assign or transfer this credit application and/or resultant account to others at anytime without prior notice now or in the future. This application and accompanying documents, including financial statements are given for the purposes of obtaining credit. In the event of any material change in my/our financial condition, I/we will notify TAISC its successors or assigns immediately in writing.

By signing below, the undersigned individual as principal of and guarantor for the applicant further authorizes review of his or her personal credit profile as provided by national credit bureaus in considering this Application and for the purposes of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts.

Applicants and guarantors agree to promptly execute and return (within 48 hours) all transaction documents to TAISC, its designee or assigns, and to execute any additionally required documents. A FAX or photocopy of this authorization shall be as valid as the original. Additional pages, as necessary, are attached hereto.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Company Name

By: \_\_\_\_\_  
 Authorized Signature

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**INDIVIDUAL GUARANTOR SIGNATURES:**

X \_\_\_\_\_  
 Printed Name:

X \_\_\_\_\_  
 Printed Name:

X \_\_\_\_\_  
 Printed Name:

X \_\_\_\_\_  
 Printed Name:

**ATTACH ADDITIONAL PAGES  
 AS NECESSARY TO ASSURE  
 A COMPLETE & ACCURATE  
 APPLICATION**

# Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number

or

Employer identification number

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

## Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.