



# Credit Application

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## Company Information (Please list exact legal name of entity)

Company/Practice Legal Name		DBA (Alternate name)	Federal Tax ID # (Required)	
Street Address		City	State	Zip Code
Is the Equipment location the same as the Street Address? <input type="checkbox"/> YES <input type="checkbox"/> NO				
(if No – enter Equipment location):				
Mailing Address (if different from Street Address)		City	State	Zip
Fax Number	Contact Person's Name	Contact Person's Title	Contact's E-Mail Address	
Phone Number	Nature of Business/Specialty	Years in Business	Business Structure (e.g. Corporation, LLC, Sole Proprietorship)	
Number of Shareholders/Members/Partners		Website URL Address:		
Name:		Ownership percentage:		
Name:		Ownership percentage:		
Name:		Ownership percentage:		

## Transactional Information

Total \$ Line Requested	Lease Term (months)	Purchase Option (FMV, \$1)	# Advance Payments
Description of Equipment, Software and/or Services to be Leased/Financed			
Equipment Supplier Name and Address			

## Personal Guarantor Information (Complete if the credit application is being submitted with a proposed personal guaranty)

Name #1	Social Security Number	Date of Birth	
Home Address	City	State	Zip code
Name #2	Social Security Number	Date of Birth	
Home Address	City	State	Zip code

You consent to the investigation of your credit in conjunction with this application. You agree to provide financial statements, tax returns, etc., as we deem necessary to review this application. You warrant that the information submitted to us is true and correct. You hereby authorize us to obtain further information concerning your credit standing from any credit bureau, your references, or any other person and that such information and reports may be shared by us with and amongst our affiliates. You further hereby authorize us to perform any other type(s) of background checks we deem necessary. The foregoing applies during the term of any resulting business arrangement between us and you ("Arrangement") and such investigations, information, reports, and background checks may be obtained by us from time to time during such Arrangement. **I acknowledge receipt of the attached Equal Credit Opportunity Act notice.**

<input checked="" type="checkbox"/>	Personal Guarantor	Signer's Printed Name and Title	Date Signed
<input checked="" type="checkbox"/>	Personal Guarantor	Signer's Printed Name and Title	Date Signed

# Equal Credit Opportunity Act Notice



If your application for business credit is denied, you have a right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, at CIT Finance LLC within 60 days from the date you are notified of our decision. Our mailing address is:

CIT Finance LLC  
PO Box 550599  
Jacksonville, FL 32255  
Attn: Credit Disclosure Administrator

Our telephone number is 904-380-9283.

We will send you a written statement of reasons for 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, gender, marital status, age (provided the applicant has the capacity to enter into a binding contract); 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 creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.

***Applicant: Please retain for your records***