



10024 Office Center Ave., Ste. 150
 St. Louis, MO 63128
 800.995.6604
 Djuna.graves@tdipacksysfinancial.com

BUSINESS APPLICATION

BUSINESS INFORMATION

Legal Company Name _____ DBA (if any) _____
 Business Structure: Corp. Partnership Proprietor LLC Industry _____ No. of Employees: _____
 Address _____ City _____ State _____ Zip _____
 Equipment Location (if different) _____
 Company Phone _____ Fax _____ Years in Business _____ Years Under Current Management _____
 State of Organization / Incorporation _____ Federal ID # _____ Website _____
 Contact Person _____ Phone _____ Email _____
 Revenue (prior fiscal year) <\$500,000 \$500,000 - \$1,000,000 \$1,000,000-\$5,000,000 >\$5,000,000

EQUIPMENT INFORMATION

Dealer _____ Sales Rep _____ Requested Term: 24, 36, 48, 60 Months (Circle One) Other _____
 Equipment _____ Cost \$ _____ New Used / Approximate age of equipment: _____

PRINCIPAL INFORMATION

Name _____ Title _____ % Owned _____ Phone # _____
 Home Address _____ Social Security # _____ - _____ - _____
 Name _____ Title _____ % Owned _____ Phone # _____
 Home Address _____ Social Security # _____ - _____ - _____

To be completed for each owner of 20% or more. If there are additional owners, please list on Page 2.

BANK INFORMATION

Bank Name 1 _____ Branch Location _____ Officer _____
 Phone # _____ Account # _____ Type of Account _____

TRADE REFERENCES

Name of Supplier _____ Phone # _____ Contact _____
 Insurance Name _____ Phone # _____ Contact _____
 Landlord _____ Phone # _____ Contact _____

ACKNOWLEDGEMENT AND AUTHORIZATION

The undersigned individual acknowledges that the above noted Principals have been made aware of this business purpose application for credit to TDI Packsys Financial or it designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A copy of this authorization shall be valid as the original. I understand that by providing our company's phone, fax or email information, I consent to receive all phone, fax or email communications sent by or on behalf of TDI Packsys Financial. By signature below, I affirm the identity of the respective individual/s identified in the above application and acknowledge they have received authorization and notices of the application.

AUTHORIZED SIGNATURE: X _____ TITLE: _____ DATE: _____

Your Account Rep Alex Bear
 Send completed application to
 Alex.bear@tdipacksysfinancial.com
 or
 314.842.7880 (fax)



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ADDITIONAL PRINCIPAL/GUARANTOR INFORMATION

TO BE COMPLETED FOR EACH OWNER OF 20% OR MORE OF COMPANY

Name _____ Title _____ % Owned _____ Phone # _____

Home Address _____ Social Security # _____ - _____ - _____

Name _____ Title _____ % Owned _____ Phone # _____

Home Address _____ Social Security # _____ - _____ - _____

Name _____ Title _____ % Owned _____ Phone # _____

Home Address _____ Social Security # _____ - _____ - _____

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person presented on this application. We may also ask for copies of drivers' licenses, tax IDs, or other identifying documents. By providing us with any telephone numbers for cellular phones or other wireless devices, you are expressly consenting to receiving any communications at those numbers - including but not limited to prerecorded or artificial voice message calls, text messages and calls made by an automatic telephone dialing system from TDI Packsys Financial. and its affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose.

ECOA Notice

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for that denial within 30 days of your request for the statement. NOTICE: 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, 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 our compliance with this law is the Federal Deposit Insurance Corporation, Consumer Response Center, and 1100 Walnut Street, Box #11, Kansas City, MO 64106.