

JAFFE LEASING AND LENDING

Bank Reference

Financial Institution where entity banks

Institution Name	Account Number
Address	Contact
City State Zip	Phone
Credit Limit	Expiration

For purposes of funding, please provide the following wire transfer information:

Depository Name	ABA Number
Address	Attention
City State Zip	Phone

Other sources of financing such as leases, term loans, mortgages:

Institution Name	Account Number
Address	Contact
City State Zip	Phone
Nature of Credit	Current Amount Credit Limit Expiration

Institution Name	Account Number
Address	Contact
City State Zip	Phone
Nature of Credit	Current Amount Credit Limit Expiration

Institution Name	Account Number
Address	Contact
City State Zip	Phone
Nature of Credit	Current Amount Credit Limit Expiration

Insurance

Coverage	Amount	Deductible	Carrier	Expiration Date
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

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Certifications

I am applying for credit. The undersigned declare that to the best of their knowledge, the statements set forth herein are true.

It is understood that Jaffe Finance Company, LLC and or its assignees may make inquiries and that it may, at the expense of Jaffe Finance Company, LLC, make independent background investigations of the applicant. Jaffe Finance Company, LLC is hereby authorized to obtain verification from any source named herein.

Applicant _____ Date _____
Name of Institution

By _____, President

Signature

By _____, Corporate Secretary

Signature

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REQUIRED DOCUMENTATION CHECKLIST:

Please provide the following items

General

- A. Completed attached Corporate Credit Application
- B. **Completed Personal Credit Applications for each Principal of corporation**
- C. Two Years Audited Financial Statements (if available)
- D. YTD Financial Statements if more than one quarter has lapsed since period-end date of audited financials
- E. Parent Company's Financial Statements (if applicable)
- F. Two years Tax returns for Corporation and owners of 15% or more of company.
- G. Business Plan and or production projections for the next 12 months.
- H. Resumes of Principal Officers
- I. Please include a company Roster of all employees and branch office locations as applicable

Legal

- J. A signed Corporate Authorization for Verification of Credit from applicant and an Individual authorization for each principal listed to allow Jaffe Finance Company, LLC to verify credit information
- K. Federal ID Number on W-9 Form
- L. Articles of Incorporation/Charter/Partnership Agreement
- M. Name Filing for each state with D.B.A. (if state requires a DBA name filing)

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CORPORATE AUTHORIZATION FOR VERIFICATION OF CREDIT

To: Any person or firm having knowledge of activities, past or present, or any credit bureau, retail merchant association, bank, financial institution, or any other credit extending organization or any law enforcement agency or any licensing or regulatory authority of any local, county, state or federal government:

The undersigned, on behalf of

_____ (“Applicant”)

hereby authorizes Jaffe Finance Company, LLC and its agents or assignees to conduct an appropriate background investigation of the Applicant including, but not limited to, personal interview in order to determine Applicant’s eligibility and acceptability to enter into a contractual relationship with Jaffe Finance Company, LLC as governed by the Fair Credit Reporting Act – P.P. 91-508. I understand that I have a right to request, in writing, additional disclosures under the provisions of the Fair Credit Reporting Act. This authorization and request includes, but is not limited to, documents, records or files regarding any charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, I authorize all persons who may have information relevant to this investigation to disclose such information to Jaffe Finance Company or its agents or assignees and on behalf of the Applicant I release all persons from liability on account of such disclosure. I hereby further authorize a photocopy of this authorization be considered as valid as an original. I further certify that I am authorized by the Applicant to execute this release.

Date _____

Signature: _____

Name: _____

Title: _____