

MONTANA COMMERCIAL CREDIT, INC.

1106 Central Avenue, Great Falls, MT 59401

Phone (406) 268-9840 ❖ Fax (406) 268-0028

CJ Jernigan cjj@montanacommercial.net

LESSEE/APPLICANT												
Legal Business Name/Lessee				FEIN#		Time in Business		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				
Business Address				Contact		Business Phone						
City		State	Zip	County		Business Fax						
Email address					Truck Fleet		Trailer Fleet		MC Number			
Gross Revenue		Total Assets		Total Liabilities		Net Worth		Acres Own/Rent		Crops Type	Cattle No. Head	
PRINCIPALS (Owner, Shareholders or Partners) Use additional sheet if necessary												
Name				Suffix	US Citizen?		% ownership		DOB		Social Security #	
Home Address				City		State	Zip		Home Phone		Cell Phone	
Name				Suffix	US Citizen?		% ownership		DOB		Social Security #	
Home Address				City		State	Zip		Home Phone		Cell Phone	
BANKS (If less than 2 years, provide prior bank)												
Name/Branch		City/State		Customer Since		Deposit Acct #		Avg. Balance		Phone		Contact
EQUIPMENT FINANCING												
Name/Branch		City/State		Customer Since		Loan Acct #		Avg. Balance		Phone		Contact
HAUL REFERENCES												
Name/		City/State		Haul Since		What you haul		Area		Phone		Contact
Equipment to Purchase and Cost:												

I/We the undersigned are applying for credit from *Montana Commercial Credit, Inc.* and I or its assigns. I/We understand and agree that you may assign or transfer this credit application to others to decide whether or not to extend credit. I/We authorize you to pull credit reports, request bank, finance, employment references, landlords and any past or present creditors to give any and all information to *Montana Commercial Credit, Inc.* and I or assigns. This Authorization extends to lending sources to whom we submit your credit request and application. This shall be a continuing authorization for all present and future disclosures of account information. In addition, I authorize the photocopying of my driver's license for verification purposes.

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact *Montana Commercial Credit, 1106 Central Avenue, Great Falls, MT 59405, (406) 268-9840* within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving 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 compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Signature

Date

Signature

Date