



## **Benlee Financing Application**

320.333.4782 f: 866.950.2111

Greg Pabich, Director of Business Development



gpabiche	northanocapital.com		
Legal Name:		dba:	
Business Start Date: Corporation Partnership	☐ Proprietor ☐ Other	State of Organization:	Fed ID #:
Address:	City:	State: _	Zip:
County: Phone:		Fax:	
E-mail:	Website:		
If corporation, partnership or LLC, the following may be requested: either articles of incorporganizational documents. If other, applicable formation/organization document(s).	poration, partnership agreement or L	LC articles of organization. If corporation or	r LLC, bylaws, operating agreement or similar
Owner*:	SSN:		DOB:
Title: % Ownership:	Mobile:	E-mail:	
Address:	City:	State: _	Zip:
Owner*:	SSN:		DOB:
Title: % Ownership:	Mobile:	E-mail:	
Address:	City:	State: _	Zip:
*Include copy of driver's license(s). If additional space is needed, please attach se	parate sheet.		
Primary Bank:	Phone:	Officer:	
Haul Reference:	Phone:	Officer:	
Nearest Relative:	Phone:	Relation	ship
F: 110			
Financial Summary most recent year 20 Complete this financial s	•		, , ,
	s # Trailers		or replacement unit?  Yes No
	ation and product(s) nauling: _		
Trucking Revenue: \$			
Dealer:	Contact:	Phone:	
Year:	Make/Model:	Description:	_
Payment Frequency: M Q SA A Custom Term: _	Advance: \$	Purcha	se Option: 10% 20% \$101
Equipment Location Address:			Same as above
All information in this application and all attachments are correct to the best of financial and other information submitted with this application, including obtaining information and obtaining a consumer credit report during the term of obligation necessary credit information, and to respond fully to requests for information bar apply to any creditor to whom this application is submitted. I certify that the ob-	g a consumer credit report, to acons. As required by law, my ider sed on this application when trans	t on this application. I authorize such pa tity will be verified. I authorize all past mitted by electronic or other means. Th	arties making continued inquiries about such or present creditors to release any and all he above permissions and authorizations will

household purpose. I certify that authorization has been obtained from those listed above, however have not signed below, to obtain their consumer credit report as they are applying to Northland Capital for credit. I agree that Northland Capital and/or its lenders, participants and assigns may freely communicate credit, financial, transactional and other information about me in connection with the administration of any loan or lease.

FAIR CREDIT REPORTING 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, contact Customer Service Manager, 333 33rd Avenue South, Saint Cloud, MN 56301, 800.471.2122 within 60 days from the date of decision notification. A written statement of reasons for denial will be sent within 30 days of receiving request.

The 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 that 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. A number of federal agencies share enforcement responsibilities of this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington, D.C. 20580, 877.382.4357.

X			Date:		
apply online: northlandcapital.com/app	p: <b>320.333.4782</b>	f: 866.950.2111	gpabich@northlandcapital.com	1.19.1	