Working Ox Capital Credit Application 907 US Highway 301 South | Tampa, Fl 33619

907 US Highway 301 South | Tampa, Fl 3361 Fax#: 1-800-859-9327 E-mail: <u>credit@workingox.com</u>



Company Name								
Company Name				DBA				
Street Address	1	City				State	Zip	
Phone Fax		l V		Website				
Contact Name		E-Mail Address				FED ID#		
Organization Type	State of Incorporation	Date Established	Years in Business (Present Ownership)	Nature of Busin	ess			
Sole Prop C-Corp S-Corp LLP LLC								
Equipment Location if Different		Number of Employe	ees	Annual Sales				
Equipment Description (Attach S	boot for Add	itional Sr						
Equipment to be Financed (Make and Model)	Sheet for Aud			Intentionally Le	t Blank			
Equipment to be rinanced (Make and Model)		Amount of Equipment		Intentionally Left Blank				
Equipment to be Financed (Make and Model)		Amount of Equipment						
Payment Plan, Equipment and Ve	ndor Inform	ation						
	nce Structure				Payment	Target		
		Buy Out [\$1 Out	Loan	1 dynient	Target		
		•						
Owners, Partners and Guarantors Information		ma Addrace	. City. State & Zi	in Relow				
	on-Please list Ho		, enj, state ce <u></u>	-	Q 1	6 it #		
Name (Personal Guarantor/Principle/Partner/Officer)	on-Please list Ho	Title	, chij, state er <u>-</u> ,	Percent Owned	Social	Security #		
	on-Please list Ho		, eng, suit to 2.	-	Social	Security #		
	on-Please list Ho		, eng, ende e 2	-	Social	Security #	Date of Birth	
Name (Personal Guarantor/Principle/Partner/Officer)	on-Please list Ho	Title	, en, , en , en , en , en , en , en , e	Percent Owned		Security #	Date of Birth	
Name (Personal Guarantor/Principle/Partner/Officer)	on-Please list Ho	Title		Percent Owned	Zip	Security # Security #	Date of Birth	
Name (Personal Guarantor/Principle/Partner/Officer)	on-Please list Ho	Title City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Percent Owned State	Zip		Date of Birth	
Name (Personal Guarantor/Principle/Partner/Officer)	on-Please list Ho	Title City		Percent Owned State	Zip Social		Date of Birth Date of Birth	
Name (Personal Guarantor/Principle/Partner/Officer) Image: Partner Address Name (Personal Guarantor/Principle/Partner/Officer) Image: Partner Par	on-Please list Ho	Title City Title		Percent Owned State Percent Owned	Zip			
Name (Personal Guarantor/Principle/Partner/Officer) Home Address Name (Personal Guarantor/Principle/Partner/Officer)	on-Please list Ho	Title City Title		Percent Owned State Percent Owned	Zip Social			
Name (Personal Guarantor/Principle/Partner/Officer) Image: Personal Guarantor/Partner/Officer) Image: Personal Guarantor/Partner/Officer) Image: Personal Guarantor/Partner/Officer) Image: Personal Guarantor/Partner/Officer) <td>l each individual listed as a prin</td> <td>Title City Title City City City city</td> <td>guarantor or obligor consent, at</td> <td>Percent Owned State Percent Owned State uthorize and warrant</td> <td>Zip Social Zip as follows: (a)</td> <td>Security # Working Ox Capita</td> <td>Date of Birth</td> <td></td>	l each individual listed as a prin	Title City Title City City City city	guarantor or obligor consent, at	Percent Owned State Percent Owned State uthorize and warrant	Zip Social Zip as follows: (a)	Security # Working Ox Capita	Date of Birth	
Name (Personal Guarantor/Principle/Partner/Officer) Image: Principle Partner/Officer Image: Partner Partner Image: Partner	l each individual listed as a prin id statements, and make other o credit and other information a	Title City Title City City control of the second seco	guarantor or obligor consent, at he applicant and all such individ 1 such individuals and use shar	Percent Owned State Percent Owned State Uthorize and warrant Utuals, and anybody c ed information to ma	Zip Social Zip as follows: (a) ontacted in con rket to the app	Security # Working Ox Capita nection therewith m ilicant and the indiv	Date of Birth I, LLC. and its agents ("WOC ay release any credit and finat iduals; (c) the information on	ncial 1 or
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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 our Customer Service Manager, 907 US Highway 301 South, Tampa, Florida 33619 (813-865-0194) 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 in 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 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 Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010-9050.