



Financing Application

2525 Lemond St SW, PO BOX 998

Owatonna, MN 55060-0998

Phone 1-888-330-1826

Fax 1-888-331-5860

1. PLEASE CHECK TYPE OF ACCOUNT YOU ARE APPLYING FOR

Play with a Purpose® Account

Playground Financing

INTERNAL USE ONLY

VENDOR NUMBER
126131

VENDOR NAME
PLAY WITH A PURPOSE®

PHONE NUMBER
1-888-330-1826

FAX NUMBER
1-888-331-5860

2. PLEASE COMPLETE IN FULL

Legal Company Name _____ FEIN# _____ State of Incorporation _____

Address _____ City _____ State _____ ZIP _____

Contact Person _____ Phone () _____ E-Mail _____

of Years in Business _____ # of Employees _____ Description of Business _____

Billing Address _____ City _____ State _____ ZIP _____

(IF DIFFERENT FROM ABOVE)

3. PLEASE COMPLETE IN FULL

Owner #1 Name _____ Title _____

Address _____

(Include: City, State and ZIP)

SS # _____ DOB _____ Ownership % _____

Owner #2 Name _____ Title _____

Address _____

(Include: City, State and ZIP)

SS # _____ DOB _____ Ownership % _____

4. REFERENCE DATA

LIST PRESENT BANK(S) — PREVIOUS BANK IS REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS

Present Bank of Applicant _____

Branch _____ Phone () _____

Bank Officer _____ ACCT. # _____

Previous Bank of Applicant _____

(Or Second Bank of Applicant)

Branch _____ Phone () _____

Bank Officer _____ ACCT. # _____

Trade Reference 1

Name of Business _____

Address _____

(Include: City, State and ZIP)

Phone () _____ Contact Person _____

Trade Reference 2

Name of Business _____

Address _____

(Include: City, State and ZIP)

Phone () _____ Contact Person _____

5. PLEASE COMPLETE IN FULL

Desired Payment Amount _____ LEASE TERM (circle one)
24 / 36 / 48 / 60 months

6. PLEASE ATTACH A COMPLETED PLAY WITH A PURPOSE® ORDER FORM.

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any assignee or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X OWNER #1 – SIGNATURE _____ SIGNER'S PRINTED NAME _____ DATE _____

X OWNER #2 – SIGNATURE _____ SIGNER'S PRINTED NAME _____ DATE _____

ECOA NOTICE (TO BE RETAINED BY APPLICATION)

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 the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the 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 Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

IMPORTANT CUSTOMER INFORMATION 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 signing this application. We may also ask for copies of drivers' licenses or other identifying documents.

FAX completed page and order (or request for quote) to 1-888-331-5860 • ATTN: FINANCING APPLICATION