



Credit Application

Financing Over \$75,000 (United States)

Applications Over \$75,000 for the United States Should Include the Following:

1: Completed Credit Application Including:

- Complete Name & Address
- Principal(s) Names & Social Security Numbers
- Bank Name, Checking Account Number, Contact Person (if available) and Phone Number
- Date Applicant's Ownership of Business began
- Landlord or Mortgage Holder Information
- Signature of Each Principal

2. Most Recent Three Months Business and Personal Bank Statements for Applicant(s)

3. Copy of Equipment Proposal Listing:

- Make & Model Numbers of the Equipment
- Cost Per Piece of Equipment
- Freight & Installation Must be Separate
- Proposal Must be Signed by Applicant(s)

4. Most Recent Two Years Complete Federal Tax Returns on all Principals (Owners, Partners, Shareholders, or Members Owning More than 20% of Applicant)

5. Most Recent Two Years Business Tax Returns on Applicant if Applicable

6. Personal Financial Statement of all Principals

7. Copy of Premises Lease

8. Completed Underwriting Questionnaire

9. Proforma/Projected Financial Information of Business

10: Newer applicants (less than two years in operation) - Include Items 1 through 9 plus the following:

- Demographic Study Information of Business Location

Additional Information May be Required

Business Information

Exact Legal Name: _____ DBA (if different): _____

Business Phone: _____ Fax: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Equipment Location Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mortgage Holder or Landlord of Business Location: _____

Monthly Payment: _____ Phone: _____

Mortgage Holder or Landlord Address: _____

City: _____ State: _____ Zip: _____

Check Which One Applies: Corporation LLC Partnership Proprietor

Premises: Leased Owned Federal I.D. Number: _____

Date Incorporated: _____ State of Incorporation: _____ Date Ownership Started: _____

Financing Preferences

Financing Type Preferred: Lease Fixed-Rate Note Variable-Rate Note

Desired Terms: 24 months 36 months 48 months 60 months 72 months
 84 months 96 Months* 90-day deferred

Lease Purchase Option: \$1.00 10% Amount Requested: \$ _____

* For qualified customers financing more than \$300,000

Personal Information

Principal's Name: _____ Social Security Number: _____

Title: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone : _____ Mobile Phone: _____ E-Mail: _____

Principal's Name: _____ Social Security Number: _____

Title: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone : _____ Mobile Phone: _____ E-Mail: _____

Distributor Information

Name of Equipment Vendor: _____

Sales Rep Name: _____ Phone: _____

Banking References

Banking Information (or Most Recent Three Months Business & Personal Bank Statements)

Online Statements Must Include Account Holders Name

| Institution Name | Account Number | Type | Officer to Contact | Phone Number |
|------------------|----------------|------|--------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Personal Financial Statement --- Confidential



Applicant's Exact Legal Name: _____

Co-Applicant's Exact Legal Name: _____

Please check appropriate box

Financial Information as of: _____

Individual credit

Joint Credit

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

| Assets | Dollars | Liabilities and Net Worth | Dollars |
|---|----------------|---|----------------|
| Cash on hand and in Banks (Schedule A) | \$ | Credit Card Balances | \$ |
| Retirement Accounts (IRA, 401K, etc.) (Schedule B) | | Automobile Loans | |
| Stocks & Bonds not held in Retirement Accounts (Schedule C) | | Notes Payable—Businesses Owned (Schedule F) | |
| Accounts and Notes Recievable | | Notes Payable to Others (Schedule G) | |
| Real Estate Owned (Schedule D) | | Unpaid Taxes | |
| Cash Surrender Value of Life Insurance | | Real Estate Mortgages Payable (Schedule E) | |
| Businesses Owned (Market Value) (Schedule F) | | Other Liabilities: Please Itemize | |
| Automobiles (year, make, model) | | | |
| 1. | | | |
| 2. | | | |
| Other Assets: Please Itemize | | | |
| | | TOTAL LIABILITIES | \$ |
| | | NET WORTH= Assets-Liabilities | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES AND NET WORTH | \$ |

Personal Financial Statement --- Continued

| Annual Income | Dollars | | Contingent Liabilities (Debts you are obligated to pay if the borrower does not pay or debts contingent on the outcome of an event) | Dollars |
|----------------------------|-----------|--------------|--|-----------|
| | Applicant | Co-Applicant | | |
| Salary | | | As endorser, co-maker or guarantor | |
| Net Investment Income | | | Legal claims and judgements | |
| Real Estate Income | | | Provision for federal income tax | |
| Other Income | | | Other special debt (i.e. recourse or repurchase liability) | |
| | | | | |
| Total Annual Income | \$ | \$ | Total Contingent Liabilities | \$ |

| General Information | Applicant | Co-Applicant |
|--|--|--|
| Employer | | |
| Position & Length of Employment | | |
| Employer's Phone No. | | |
| Partner, Officer in any other Venture? If so, explain below. | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Are you a Defendant in any suits or legal action? If so, explain below. | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Have you ever filed for bankruptcy or settled any debts for less than the amount owed? If so, explain below. | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Have you ever had a judgment or lien against you? If so, explain below. | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Have you ever had any repossessions? If so, explain below. | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Explanations for above (if needed): _____

Personal Financial Statement --- Continued

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions

| Name of Institution | Name on Account | Account # | Balance on Deposit |
|---------------------|-----------------|-----------|--------------------|
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Schedule B: Retirement Accounts (IRA, 401K, etc.)

| # of Shares | Description | In Whose Name Registered | L-Listed U-Unlisted | Cost | Market Value |
|--------------|-------------|--------------------------|------------------------|------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

Schedule C: Stocks & Bonds not held in Retirement Accounts

| # of Shares | Description | In Whose Name Registered | L-Listed U-Unlisted | Cost | Market Value |
|--------------|-------------|--------------------------|------------------------|------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

Schedule D: Real Estate Owned

| Property # | Address | Title in Name Of | Monthly Income | Year Acquired | Cost | Market Value |
|--------------|-----------|------------------|----------------|---------------|------|--------------|
| 1 | Homestead | | N/A | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

Personal Financial Statement --- Continued



Schedule E: Real Estate Mortgages Payable

| Property # | To Whom Payable | Monthly Payment | Unpaid Balance |
|--------------|-----------------|-----------------|----------------|
| 1 | | | |
| | | | |
| | | | |
| TOTAL | | | |

Schedule F: Businesses Owned - Market Value & Notes Payable

| Business Name | Nature of Business | Type (Corp. Prtrship LLC, Sole Prop) | % Owned | Owned by Applicant (A) Co-Applicant (C) or Both (B) | Market Value | Notes Payable |
|---------------|--------------------|--------------------------------------|---------|---|--------------|---------------|
| | | | | | | |
| | | | | | | |
| TOTALS | | | | | | |

Schedule G: Notes Payable to Others

| To Whom Payable | Address | Secured By | Monthly Payment | Maturity Date | Unpaid Balance |
|-----------------|---------|------------|-----------------|---------------|----------------|
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

I/we have carefully read and submitted the foregoing information provided on this statement to Dexter Financial Services, Inc. (DFS). The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with DFS. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify DFS of said change(s) and unless DFS is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize DFS to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to DFS any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state. _____

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature _____ Date Signed _____ Social Security No. _____ Date of Birth _____

Spouse's or Co-Applicant's Signature _____ Date Signed _____ Social Security No. _____ Date of Birth _____

Proforma / Projected Financial Information



Location Information

Free Standing Building? Yes No Square Footage: _____

Parking? Street Off-Street Number of Stalls _____

Store Type ? Existing New

Attendant Information Unattended Store Part-Time (Hours: _____) Attended Full-Time

Revenue

| # of Machines | Equipment | # of Cycles Per Day | Vend Price | Revenue Per Day |
|---------------|-------------------|---------------------|------------|-----------------|
| | Top Load Washer | | \$ | \$ |
| | 18 lb Washer | | \$ | \$ |
| | 25 lb Washer | | \$ | \$ |
| | 40 lb Washer | | \$ | \$ |
| | 55 lb Washer | | \$ | \$ |
| | 75 lb Washer | | \$ | \$ |
| | 30 lb Dryer | | \$ | \$ |
| | 30 lb Stack Dryer | | \$ | \$ |
| | 55 lb Dryer | | \$ | \$ |
| | 50 lb Stack Dryer | | \$ | \$ |
| | 80 lb Dryer | | \$ | \$ |
| | Other | | \$ | \$ |

Daily Machine Revenue \$ _____

Wash, Dry & Fold _____ Loads Per Day @ \$ _____ per lb = Daily W, D & F Revenue \$ _____

Miscellaneous Vending _____% of Daily Machine Total = Daily Vending Revenue \$ _____

Total Daily Revenue \$ _____

X 30 days = Projected Total Monthly Revenue \$ _____

Expenses

Utilities (Gas \$ _____ Electric \$ _____ Water \$ _____) \$ _____

Building Rent \$ _____

Property (Taxes \$ _____ Insurance \$ _____ Maint. \$ _____) \$ _____

Hazard Insurance \$ _____

Personal Property Tax \$ _____

Labor \$ _____

Advertising & Promotion \$ _____

Vending Costs \$ _____

Miscellaneous (Clean-Up, Trash Collection, etc) \$ _____

Projected Total Monthly Expenses \$ _____

Projected Monthly Net Income \$ _____

Dexter Financial Underwriting Questionnaire



Background (all principals)

What is your current occupation? _____

Years of experience in occupation? _____

Will you continue employment if the proposed transaction is completed? _____

Explain your previous & current business ownership experience: _____

Location (Leasehold Improvements/Buildout)

How much will leasehold improvement/buildout cost? _____

How will you pay for these costs? _____

If cash, what is the source of the funds (i.e., banks, stocks, bonds, etc)? _____

Will this transaction require additional financing? _____

If so, what are the terms: _____

Property is Leased (If not, Skip this Section)

If transaction is for new location, when does monthly rent begin? _____

Name of Landlord: _____ Current Monthly Rent: _____

Phone: _____ Fax: _____ E-Mail: _____

Term of Lease: _____ Term of Option(s) to Extend Lease: _____

Scheduled Rent Adjustments: _____

Dexter Financial Underwriting Questionnaire - Continued



Property is Owned (If Not, Skip this Section)

How long have you owned property? _____

Name of Deed Holder: _____

If Deed Holder is not Identical to Applicant, what is Relationship? _____

Name of 1st Mortgage Holder: _____

Address: _____

Phone: _____ Monthly Payment: _____

Name of 2nd Mortgage Holder: _____

Address: _____

Phone: _____ Monthly Payment: _____

Demographics

Explain your Competition

Explain Why this is a Good Location

Underwriting

Upon receipt of a complete application package, our representatives will evaluate your request. Generally, we will inform you of our credit decision within 2 business days or less of receiving a complete application. To avoid delays in credit underwriting please make sure:

- Application is complete and accurate, including applicable supporting information.
- Final equipment package has been determined prior to submitting application.

Additional information may be required to process your application. If additional paperwork is needed, your Dexter Financial representative will contact you to help you complete your application process.

Note: This application does not obligate Dexter Financial Services to enter into an agreement. 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 a Credit Analyst at Dexter Financial Services, Inc., P.O. Box 5368, Cedar Rapids, IA 52406-5368, at 1-800-926-8230, 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, or age (provided the applicant has the capacity to enter into a binding contract); or 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.

Dexter Financial is hereby authorized to file any financing statement with the appropriate public authority in order to perfect a security interest on a timely basis.

If this application is faxed, such facsimile copy shall be deemed to be an original and copies thereof shall be as valid as the original. Applicant(s) certify that the above information is complete and accurate and not misleading or any material omitted, and that the applicant intends that the Lender rely on the information deciding whether or not to enter into this transaction. The Applicant(s) authorize the Lender, or his agent, to verify the information contained herein and to make such additional normal inquiries as reasonably may be related or associated with this Application from credit bureaus, creditors and references listed on this Application, and that such information, along with this Application shall remain the Lender's property.

Signed By: _____ Date: _____

Signed By: _____ Date: _____

How to Submit Your Credit Application

1. Complete ALL of every page in this application.
2. Attach a copy of the equipment proposal listing from your Distributor. Make sure it includes each of the following:
 - Make & Model Numbers of the Equipment
 - Cost Per Piece of Equipment
 - Freight & Installation Must be Separate
 - Proposal Must be Signed
3. Include your most recent three months business & personal bank statements.
4. Include your most recent two years federal tax returns on all Principals.
5. Include Most Recent Two Years Business Tax Returns if applicable.
6. Include Copy of Premises Lease.
7. Include Demographic Study Information of Business Location (if in business less than 2 years).
8. Submit your application via fax or mail. Applications can be faxed to (319) 364-6502 or mailed to the addresses below.

Regular First-Class Mail to:

Dexter Financial Services, Inc.
P.O. Box 5368
Cedar Rapids, IA 52406-5368

Overnight Mail to:

Dexter Financial Services, Inc.
5001 J Street S.W.
Cedar Rapids, IA 52404-4916



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P.O. Box 5368, Cedar Rapids, IA 52406-5368

Phone: 800-926-8230 or 319-363-3769

Fax: 319-364-6502 • www.dexterfinancial.com



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