



Credit Application

Financing Over \$75,000 (Canada)

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

1: Completed Credit Application Including:

- Complete Name & Address
- Principal(s) Names & Social Insurance 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

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: _____ Province: _____ Postal Code: _____

Equipment Location Address: _____

City: _____ Province: _____ Postal Code: _____

Mortgage Holder or Landlord of Business Location: _____

Monthly Payment: _____ Phone: _____

Mortgage Holder or Landlord Address: _____

City: _____ Province: _____ Postal Code: _____

Check Which One Applies: Corporation LLC Partnership Proprietor

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

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

Financing Preferences

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

Desired Terms: 36 months 48 months 60 months 72 months
 84 months 90-day deferred

Amount Requested: \$ _____

Personal Information

Principal's Name: _____ Social Insurance Number: _____

Title: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

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

Principal's Name: _____ Social Insurance Number: _____

Title: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

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 do solemnly affirm that all of the facts stated herein are true and correct, that this solemn affirmation is made as if under oath as per the terms of the Evidence Act of Canada and that it is a criminal offence under said Evidence Act to knowingly make any false statements concerning any of the facts stated herein.

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

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

Proforma / Projected Financial Information



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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		\$	\$
	75 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



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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.

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
United States

Overnight Mail to:

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



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

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

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