



MACHINE TOOL FINANCE GROUP
 7659 S.W. Mohawk St., Tualatin, OR 97062
 Phone 503-797-2000 Fax 503-797-0444

CREDIT APPLICATION

Amount Requested: \$ _____ Equipment: _____
 Name: _____ DBA: _____ Date: _____
 Address: _____ Phone: () _____
 City: _____ State: _____ Zip: _____ Fax: () _____
 Corporation: _____ Partnership: _____ Proprietorship: _____ Limited Liability Co.: _____
 Business Started 19 _____ Current Ownership Since: 19 _____ Corporate Year End: _____
 Fed Tax ID #: _____ Annual Sales Volume for Prior Fiscal Year \$ _____
 Major Customer: _____ Volume: _____ %

BUSINESS BANKING RELATIONS WITH:

Name: _____
 Officer _____ Acct # _____ Since _____
 Phone: () _____

ACCOUNTING FIRM:

Name _____
 Contact _____
 Phone () _____

EXISTING EQUIPMENT FINANCED WITH _____ Opened: _____ Original \$ _____

PRINCIPALS: Include Address & Social Security Number:

	NAME/TITLE	SS #	HOME ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____

List additional principals on a separate sheet, if necessary. Are there any suits, judgments or tax liens against the company or any of the principals? Yes/No _____

APPLICANT HEREBY AUTHORIZES MACHINE TOOL FINANCE GROUP ("MTFG") AND ITS AGENTS (1) TO OBTAIN MORE CREDIT INFORMATION ABOUT THE COMPANY AND ITS PRINCIPALS AND TO MAKE INQUIRIES IN CONNECTION WITH THIS APPLICATION;(2)TO SHARE CREDIT INFORMATION WITH MTFG AFFILIATES AND AGENTS AS WELL AS, APPLICANTS OTHER CREDITORS, BUREAUS AND PERSONS WHO HAVE OR EXPECT TO HAVE FINANCIAL DEALINGS WITH THE APPLICANT OR ITS PRINCIPALS NAMED ABOVE; (3) TO SHARE COLLECTION INFORMATION WITH APPLICANT'S OTHER CREDITORS. ALL THE INFORMATION IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT. THE PERSONS SIGNING BELOW ON BEHALF OF APPLICANT ARE AUTHORIZED TO MAKE THIS APPLICATION ON ITS BEHALF AND TO AGREE TO THE FOREGOING.

By _____ Date _____
 By _____ Date _____