Credit Application

BUSINESS NAME _____

BUSINESS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

WEB SITE ADDRESS_____E-MAIL_____

TELEPHONE _____FAX_____ CONTACT _____

NATURE OF BUSINESS _____YRS. IN BUSINESS _____

PROP. _____ CORP. _____ PARTNERSHIP _____ STATE _____ COUNTY_____

PRESIDENT/OWNER _____% OF OWNERSHIP _____

HOME ADDRESS _____

SOCIAL SECURITY # _____TELEPHONE NUMBER_____

V.P./PARTNER _____% OF OWNERSHIP _____

HOME ADDRESS _____

SOCIAL SECURITY #_____TELEPHONE NUMBER _____

BANK _____ BRANCH _____

TELEPHONE _____ ACCOUNT # _____

OFFICER _____CHECKING _____ LOAN _____SAVINGS _____

TRADE REFERENCES _____ PHONE # _____

TRADE REFERENCES _____PHONE # _____

TRADE REFERENCES _____PHONE # _____

EQUIPMENT VENDOR _____ TELEPHONE _____CONTACT _____

EQUIPMENT SELLING PRICE _____ EQUIPMENT DESCRIPTION _____

By signing below, the undersigned, which is either a principal of the applicant or a personal guarantor of it's obligations, provides written instruction to Springs Financial Services Inc. or it's assigns authorizing review of his/her personal credit bureau. Such authorization shall extend to obtaining a credit file in considering this application for reviewing or collecting the resulting account. A Photostat or Facsimile copy of this authorization shall be valid as the original. By signature I affirm my identity as the individual identified in this application.

SIGNATURE _____ DATE_____

Equipment Leasing Provided By SPRINGS FINANCIAL SERVICES, INC

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Website: http://www.orbitalindustries.com