Corporate Resolution to Finance or Lease

| RESOLVED, that this corporation | | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------|
| is hereby authorized to finance or lease from | | , |
| hereinafter called "Creditor", such items of property upon so their discretion may deem necessary or advisable. | uch terms and conditions as the officer or officers hereinafter author | zed in |
| RESOLVED FURTHER, that | | |
| | the | |
| | (TITLE) | |
| or | the | |
| | | |
| | ey are hereby authorized, directed and empowered to execute and s may be required by Creditor in connection with such finance or le | |
| (SIGNATURE) | (SIGNATURE) | |
| (SIGNATURE) | (SIGNATURE) | |
| RESOLVED FURTHER, that Creditor is authorized to a Creditor at its principal place of business in | act upon this resolution until written notice of its revocation is deliver | red to |
| I. | , Secretary of the above named corporati | ion. do |
| | ct copy of resolutions of the Board of Directors of said corporation | |
| | of Directors duly and regularly held on the c | - |
| | ertify that said resolutions are still in full force and effect and have no | |
| | earing above are the signatures of the officers of this corporation auth | orized |
| to sign finance contracts or leases for and on behalf of this | corporation. | |
| "RESOLVED FURTHER, that all acts and deeds done by | any of such officers of this corporation for and on behalf of this corporation | oration |
| - | of the above referenced documents or other instruments or agreeme | |
| in carrying out the terms and intentions of these resolutions | are ratified, approved and confirmed." | |
| IN WITNESS WHEREOF, I have hereunto set my h | nand as Secretary of the above corporation this | day of |
| | | |
| | (SECRETARY) | |



BUSINESS CREDIT APPLICATION

| DEALER | LOCATION | LOCATION | | |
|---------|----------|----------|--|--|
| CONTACT | PHONE | FAX | | |

| Le | gal Name: | | 1 | Date of Birth (fo | or Individuals): | DBA: | | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Sta | ☐ <i>Proprietorship</i> te-issued Organization # | ☐ Corp. ☐ Sub S (not tax id #): | □ LLC. | □ <i>Partnership</i> St | ☐ Other: | Tax Exempt N | | |
| so | C SEC # / TAX ID # | Gross Profit (Month | ly Income) | Type of Bu | isiness Yr | s in Business | E-Mail and Website Address | |
| Prin | nary Legal/CEO Address: | Street | City | | County | State | Zip | |
| | ng Address: Street lifferent from above) | | City | | County | State | Zip | |
| ` | et Manager Name: | | Phone | ; # | E-mail Addre | ess | | |
| Gar | age Address: Street | | City | | County | State | Zip | |
| Pho | one # | Fax # | Mobile | Phone # | Cor | tact Name | | |
| Ow | ner/Guarantor: Name | Title | Address | | PH# | Social Security / TN # | Date of Birth Ownership % | |
| Ow | ner/Guarantor: Name | Title | Address | | PH# | Social Security / TN # | Date of Birth Ownership % | |
| No | te: Sole Proprietor. | Individual Co-Applic | ant(s) or Indivi | idual Guaranto | or(s) must comple | te this section | | |
| 110 | | ddle Name, Last Name, Suff | | | ocial Security Number | | of Birth | |
| > | Home Phone | Own Home Out | | with Relatives | Live d There | | Driver's License No. & State | |
| als onl | Previous Employer / Busin | Buying Home ness (if less than 2 years) | Addr | <u> </u> | Lived There Yrs | s Mos | Phone Number | |
| Complete for Individuals only | Monthly Income | Secondary Income * | Source | | | | ome need not be revealed if you | |
| | Mortgage Holder / Landlor | rd (Name & Address) | | | o not wish to have it con lortgage Holder / Landloi | sidered as a basis for repard Phone | Ving this obligation. Nortgage Payt / Monthly Rent | |
| | Name & Address of applic | cant's nearest relative not in | household | (R |) elationship | ŀ | Home Phone | |
| ပိ | Name & Address of applic | cant's non-related personal re | eference known ove | er one year R | Relationship | | () Home Phone | |
| | Pi | ease use additional applic | ations if more one | noo in monded for | multiple owner guero | (|) tion | |
| Hav | | ess with Ford Motor Credit Com | | | | | | |
| List | other creditors you do busine | | | | · | | | |
| Ban | | | | hone # | Contact | | ccount # | |
| Tra | de | City & State | Telep | hone # | Contact | A | ccount # | |
| esta secu also The disc relea and finar mad such requ and repo | nelp the United States Governm blishes a relationship. What thi urity number or taxpayer identifi ask to see your driver's license information given is true and of lose to other persons, including ase to FCCL and FMCC financ disclose to FMCC and any of i nacial statements and organization by FCCL and/or FMCC, or are other person's credit worthine teests for credit. Upon Applicant's if such a report was requested | s means for you: when you oper cation number. For businesses, e or other identifying documents complete. GE Capital Commerci. g credit reporting agencies, finar ial information about Applicant a is affiliates, any and all informational documents. This shall be concerned to the complete of the complete | undering, Federal law in an account or establish we will ask for the busthat will allow us to ideal Inc., and its affiliate icial information about do credit experience a non now or hereafter printinuing authorization ush information to FCC tity, character, general est, FCL and/or FMC ole, will inform Applica | requires us to obtain, is ha relationship, we isiness name, street acentify you. We apprecipe, so do Ford Credit Ct that applicant and information ovided by Applicant to ford present and fully and/or FMCC. Appl reputation, personal of CC, as applicable, will and for such a present and fully and/or for formation of the formation | , verify, and record informati lask for your name, stree didress and tax identification iate your cooperation. ommercial Leasing ("FCCL" nation about Applicant's acc on on Applicant. In addition, o any of the foregoing entitic ture disclosures of financial licant and any person signin characteristics, or way of liv advise Applicant and/or sucl oerson, as applicable, of the | on that identifies each person et address, date of birth, and ic number. Federal law requires to and Ford Motor Credit Compount and credit experience and Applicant agrees that FCCL an es, including without limitation prinformation, account information goelow each agree that a crediting may be requested in conner on ther persons, as applicable, viame and address of the credit and in the control of the credit and in | or business that opens an account or lentification number, such as a social us to obtain this information. We may any ("FMCC") may receive from and d Applicant authorizes any person to d any of its affiliates my receive from oresent and future credit applications, or and credit experience on Applicant t report hearing on Applicant's and/or action with this application and future whether a credit report was requested it reporting agency that furnished the I FOR CALIFORNIA, MAINE, OHIO, | |
| and or a | agree to you, your affiliates, agretificial voice messages, text me | ents and service providers using | written, electronic or ve telephone dialing sys | erbal means to contact stems. I agree you, yo | et me. This consent includes, our affiliates, agents and serv | but is not limited to, contact by vice providers may do so using | ner reasons. I also expressly consent manual calling methods, prerecorded any e-mail address or any telephone | |
| App | olicant Signature | | | Title | | | Date | |
| I in | tend to apply for joint cr | editApplicant Initial Here | | | | | | |
| | | , pp. can maa noo | | Title | | | Date | |
| I in | tend to apply for joint cr | editCo-Applicant Initial Here | | | | | | |
| | | Co / ppilodin ilinda / 1010 | | Title | | | Date | |
| | **If corporate gu | arantor, authorized officer mu | | porate title. If partne I guarantor, show "Ir | | partner must sign and show | "Partner" as Title. | |

BUSINESS CREDIT APPLICATION - PAGE 2

| VEHICLE INFORMATION - (All of the below information is tentative and subject to the terms and conditions of the applicable approval letter. Use additional application for multiple vehicles.) | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------|-----------------|-------------------------|--------------|--|
| Qty N/U Year Make / Model | GVW Ser | rial / VIN # | Total CAP Cost | Residual % | Est. Payment | |
| | | | | | | |
| Installed equipment, body uplifts or add-ons, etc. > \$1,0 | 00.00: | | Total cost of b | oody uplifts / add-ons: | \$ | |
| | | | | | | |
| Qty N/U Year Make / Model | GVW Ser | rial / VIN # | Total CAP Cost | Residual % | Est. Payment | |
| | | | | | | |
| Installed equipment, body uplifts or add-ons, etc. > \$1,000.00: Total cost of body uplifts / add-ons: \$ | | | | | | |
| Trade Detail: QTY: Year Make / Model VIN # Dealer Allowance Leinholder Payoff Amount | | | | | | |
| | | | | | | |
| Mill the vehicles have | Terms: | # of Months | | \$ | | |
| Will the vehicles be: | | | | - | | |
| Used in Hazardous Material Transportation: ☐ Yes ☐ No Used in People Moving Services: ☐ Yes ☐ No | # of Adv. | Pmts | Cash Down | - | | |
| Used in For-Hire Transportation: Yes \(\text{No} \) Part of a Sub-Lease Arrangement? \(\text{Yes} \) No | Circle Skip Months: | Circle Skip Months: J F M A M J J A S O N D | FET | + | | |
| | OT WAWOOASOND | Other Up Front Tax | + | | | |
| NOTE SPECIFIC PROGRAM OR OTHER DETAIL: | Other: | | Tags & Title | + | | |
| | | | Cap Cost | \$ | | |
| | | | Est. Payment | \$ | | |

California Disclosure

Applicant, if married, may apply for a separate account.

Maine Resident

If your credit application is approved and you finance the purchase of your motor vehicle through Creditor, you will be required to insure the vehicle against loss or damage. Creditor requires collision coverage and comprehensive coverage or fire and theft coverage. In addition, if this application is for a lease, Creditor will also require you to obtain liability insurance.

You have the option to select an agent or broker of your choice, whether or not affiliated with Creditor. Obtaining insurance from a particular agent or broker does not affect credit decisions by Creditor, unless the insurance product selected violates the terms of your contract for the purchase or lease of the motor vehicle.

Ohio Disclosure

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Rhode Island Resident

A Credit Report may be requested in connection with this application for credit. Vehicle insurance may be obtained from a person of your choice.

Tennessee Resident

You must maintain insurance during the term of the contract. You must give the Creditor evidence of this insurance. The amount and type of insurance must be acceptable to the Creditor. YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.

Vermont Resident

By signing this credit application, Applicant consents to your obtaining a credit report for the purposes of evaluating this application and to obtain subsequent credit reports, in connection with this transaction, for the purpose of reviewing the account, taking collection action on the account or for any other legitimate purpose associated with the account.