

**1 PLEASE CHECK TYPE OF ACCOUNT YOU ARE APPLYING FOR**

- Play with a Purpose® Account
- Playground Financing

**INTERNAL USE ONLY**

VENDOR NUMBER 126131	VENDOR NAME PLAY WITH A PURPOSE®	CONTACT JUDY GILMAN
PHONE NUMBER 1-888-330-1826 EXT. 320	FAX NUMBER 1-888-331-5860	

**2**

LEGAL COMPANY NAME		ADDRESS		
CITY	STATE	ZIP	PHONE	FED. TAX I.D. #
CONTACT PERSON	E-MAIL ADDRESS	TYPE OF BUSINESS	STATE OF INCORPORATION	
# OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP		# OF EMPLOYEES	DESCRIPTION OF BUSINESS	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE	ZIP

**3**

NAME OF OWNER #1	TITLE	NAME OF OWNER #2	TITLE
ADDRESS	CITY/STATE/ZIP	ADDRESS	CITY/STATE/ZIP
SOCIAL SECURITY #	DATE OF BIRTH	OWNERSHIP %	SOCIAL SECURITY #
			DATE OF BIRTH
			OWNERSHIP %

**4 REFERENCE DATA**

LIST PRESENT BANK(S) — PREVIOUS BANK IS REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS

PRESENT BANK OF APPLICANT		PREVIOUS OR SECOND BANK OF APPLICANT	
BRANCH	PHONE	BRANCH	PHONE
NAME OF BANK OFFICER	ACCT. #	NAME OF BANK OFFICER	ACCT. #

TRADE REFERENCES (NAME AND ADDRESS)	PHONE	CONTACT
1.		
2.		
3.		

**5**

DESCRIPTION OF PRODUCT (or attach completed order form)	DESIRED PAYMENT AMOUNT
PRODUCT COST	LEASE TERM (circle one) 24 / 36 / 48 / 60 months

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any assignee or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

<b>X</b>	OWNER #1 – SIGNATURE	SIGNER'S PRINTED NAME	DATE
<b>X</b>	OWNER #2 – SIGNATURE	SIGNER'S PRINTED NAME	DATE

**ECOA NOTICE (TO BE RETAINED BY APPLICATION)**

Thank you for your business credit application. We will review it carefully and get back to you promptly. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of 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, age (provided the applicant has the capacity to enter into a binding contract), 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

**IMPORTANT CUSTOMER INFORMATION**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this application. We may also ask for copies of drivers' licenses or other identifying documents.

**FAX completed page and order (or request for quote) to 1-888-331-5860 • ATTN: FINANCING APPLICATION**