

Call 1-866-596-5131 • Fax Completed and Signed Application to 1-800-454-1652

IMPORTANT INFORMATION: If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. **Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.**

BUSINESS INFORMATION

Legal Business Name		DBA Name		Tax Identification No.	
Street Address (no P.O. Boxes)			Billing Address (no P.O. Boxes)		
City/County/State/ZIP					
Product Location (if different from above): Street Address/City/County/State/ZIP					
Contact		Phone No. ()		Fax No. ()	
Nature of Business	Time in Business	Time as Owner	No. of Employees	Gross Annual Revenue	
Is your business sales tax exempt? If "YES" indicate tax exempt number: <input type="checkbox"/> NO <input type="checkbox"/> YES				E-Mail Address	

Sole Proprietorship
 Individuals applying jointly for business purpose contract
 General Partnership
 Limited Partnership
 Corp. or Ltd. Liability Co.
 Date of Org. _____
 State of Org. _____
 Other: _____

GUARANTOR INFORMATION (ALL 20% OR MORE OWNERS AND OTHER GUARANTORS) (THIS SECTION IS NOT NEEDED UNLESS SPECIFICALLY REQUESTED BY CREDIT)

Principal/Partner/Officer		Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone ()	
Billing Address (if different)		City	State	ZIP	Phone ()	

PRODUCT INFORMATION

Product Description: (please provide a total dollar amount for each category)

Product Supplier:	<input type="checkbox"/> Microsoft License Only Software	\$	<input type="checkbox"/> Hardware	\$
	<input type="checkbox"/> Microsoft Consulting Services and Support	\$	<input type="checkbox"/> Partner Consulting and Implementation Service Fees	\$
	<input type="checkbox"/> Non-Microsoft Software	\$	Estimated Total Product Amount: \$	

Structure: Installment Payment Agreement TERM: 24 Months 36 Months 48 Months 60 Months

PARTNER INFORMATION

PARTNER NAME: ACTS Technology	Contact Name: RJ Emmett	Contact Phone Number: 971-506-7667
Partner Street Address: PO Box 2144	City / State / Zip Code: Wilsonville, OR 97070	Contact Email: rjemmett@actstech.us

BANK REFERENCE

Bank Reference Name	Account/Loan Officer	Phone No. ()
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit	Account No.	Current Balance \$
		Average Balance (6 months) \$

"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes PNC Equipment Finance, LLC to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the application is approved, from time to time during the term of the Contract. In addition to the information requested on this application, may subsequently request additional information from Applicant. **IMPORTANT INFORMATION: Except as otherwise prohibited by law, you agree and consent that the affiliates in PNC Equipment Finance, LLC (collectively "PNC Equipment Finance, LLC") may share with each other all information about you that PNC Equipment Finance, LLC has or may obtain for the purposes, among other things, of evaluating credit applications or offering you products or services that PNC Equipment Finance, LLC believes may be of interest to you. Under the Fair Credit Reporting Act there is certain credit information that cannot be shared about you (unless you are a business) if you tell PNC Equipment Finance, LLC by writing to PNC Equipment Finance, LLC Attention: Office of Consumer Privacy, P.O. Box 4068, Kalamazoo, MI 49009. Please provide your name, address, social security number and account number(s).** As an authorized agent of the applicant company, you represent that you have reviewed this document and the information herein is true, correct and complete. A photo static copy of this authorization shall be as valid as the original. **Ohio Residents Only:** 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. **New York Residents Only:** A consumer report may be requested in conjunction with this application. Upon your request, you will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit for which this application is made. **Vermont Residents Only:** You authorize PNC Equipment Finance, LLC to obtain credit reports about you now and in the future for all legitimate purposes associated with this application or the account including, but not limited to: (a) evaluating this application; and (b) renewing, reviewing, modifying, and taking collection action on the account. **Important Information About Procedures for Opening A New Account:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, business documents, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

COMPANY AND GUARANTOR SIGNATURES (SIGN BOTH PLACES BELOW)

We/I certify that we/I have read and agree with applicable terms and conditions above.

Company Authorized Signature	Title	Date
Company Authorized Signature	Title	Date
Guarantor / Owner / Individual Signature	Guarantor / Owner / Individual Signature	