



# Financing Solutions for your **WASTE EQUIPMENT**

## Why Finance with TCFEF?

- Quick Turnaround
- Industry Expertise
- Application only up to \$200K
- Flexible Payment Options
- Preserve Bank Lines
- Tax Advantages
- Improve Cash Flow

## What Does TCFEF Finance?

- Solid Waste Vehicles & Equipment (front/rear/side load packers, roll-off trucks, recycling trucks and equipment, landfill equipment, transfer trailers and transfer station equipment, containers, compactors, carts, scrap handling equipment)
- Liquid Waste Vehicles & Equipment (sewer cleaning & inspection trucks and equipment, vacuum trucks & trailers, septic trucks, portable toilets and restroom trailers, portable toilet service trucks)

For more information contact:

Chad Murray  
Regional Sales Manager  
Phone: 314.968.8883  
Cell: 314.488.6316  
Fax: 317.328.1175  
E-mail: [cmurray@tcfef.com](mailto:cmurray@tcfef.com)

8907 Wrenwood Lane  
St. Louis, MO 63144

# The Customer First



Experts at Delivering Equipment Finance Solutions

11100 Wayzata Boulevard • Suite 801 • Minnetonka, MN 55305



# TCF Equipment Finance Credit Application

Contact: Chad Murray

Call 314.968.8883 or Fax to 317.328.1175

E-mail: cmurray@tcfef.com

<b>Customer Information</b>	Company Name OR Individual Last, First and Middle Name, Suffix			DBA	
	Company Address		City, State, Zip		County
	Contact		Business Telephone #		Business Fax #
	Contact E-mail		State Organization ID#		Federal Tax ID Number
<b>Business Type</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> C Corporation				
	State of Incorporation	Date Established	Years in Business (Present Ownership)	Nature of Business	
<b>Owners, Partners, and Guarantors</b>  (Attach separate sheet if necessary)	1. Name		Title	% Ownership	Owner Since
	Home Address		City, State, Zip		
	Home Telephone #	Fax #	E-mail Address	Social Security #	Date of Birth
	2. Name		Title	% Ownership	Owner Since
	Home Address		City, State, Zip		
	Home Telephone #	Fax #	E-mail Address	Social Security #	Date of Birth
	3. Name		Title	% Ownership	Owner Since
	Home Address		City, State, Zip		
<b>Bank and Comparable Loan/Lease References</b>	Bank Name		Account Number (s)	Contact	Phone #
	Finance Company		Account Number (s)	Contact	Phone #
	Finance Company		Account Number (s)	Contact	Phone #
<b>Business Information</b>	Company Name		Products/Supplies	Contact	Phone #
	Company Name		Products/Supplies	Contact	Phone #
	Monthly Revenues: \$ _____	# of Commercial Accounts _____	Current Number of Trucks: Rear Load _____ Front Load _____ Roll-Off _____ Other _____		
<b>Payment Plan</b>	Payment Plan Term (months) <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60		Structure <input type="checkbox"/> Loan    or <input type="checkbox"/> TRAC Lease		
	Qty.	Manufacturer/Model (Description)	Delivery Date	Equipment Cost	Total Cost
<b>Equipment and Vendor Information</b>  (Attach separate sheet if necessary)	Vendor Name		Contact	Contact #	Fax #
	Vendor Address		City, State, Zip		
	Year/Make/Model		Specifications	Delivery Date	Cost
	<input type="checkbox"/> Equipment is Addition-Reason			<input type="checkbox"/> Equipment is Replacement-Payment	

By submitting this Application, you grant consent to and authorize TCF Equipment Finance, Inc. and its agents ("TCFEF") to obtain in commercial and consumer credit reports and make other credit inquiries that it determines necessary, and you represent that each individual listed on this Application as a principal, partner, owner, guarantor or obligor likewise has authorized TCFEF to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You also warrant the information on or accompanying this Application is true and complete, and you agree to notify TCFEF of any material change in any such information. You authorize TCFEF and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application, and you authorize anybody contacted to release credit and financial information requested as part of said investigation. Finally, you confirm that this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes.

**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 you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**EQUAL CREDIT OPPORTUNITY ACT.** Equal Credit Opportunity Act. If your application for business credit is denied, you have the right to a written statement of the specific reasons for your denial. To obtain the statement, please contact our Customer Service Manager, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (866-311-2755) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 60 days of receiving your request for the statement.

**NOTICE:** The federal Equal 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 compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010-9050.

Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_