



**Equipment Leasing Contact:**

Chelsea Ferrer  
Rigequipment Finance, LLC  
Phone: 571-933-8339  
Fax: 571-281-0519  
Email: ferrer.chelsea@rigequipment.com  
Website: www.rigequipment.com

**Insurance Vendor Contact:**

Vaughn Vernon  
Affiliate Guard  
Phone: 801-292-5529  
Fax: 801-677-0077  
Email: vaughn@affiliateguard.info  
Website: www.affiliateguard.info

**Applying is Easy - Get Started Here**

---

How much would you like to apply for?

- |                      |                       |                     |                     |
|----------------------|-----------------------|---------------------|---------------------|
| \$5,000 - \$10,000   | \$10,000 - \$15,000   | \$15,000 - \$25,000 | \$25,000 - \$50,000 |
| \$50,000 - \$100,000 | \$100,000 - \$250,000 | \$250,000+          |                     |

**Information About Your Business**

---

Legal Entity Name 'Doing Business As' Name (If Applicable)

State of Registration Federal Tax ID (EIN/SSN)

Legal Entity Structure

- |                           |                     |                     |
|---------------------------|---------------------|---------------------|
| Limited Liability Company | Corporation         | General Partnership |
| Limited Partnership       | Sole Proprietorship | Other               |

Time in Business

- |                |              |               |             |              |
|----------------|--------------|---------------|-------------|--------------|
| New / Start-Up | 1 - 6 Months | 7 - 12 Months | 1 - 2 Years | Over 2 Years |
|----------------|--------------|---------------|-------------|--------------|

Business Address (Location of Facility)

City State Zip Code

## Owner and Financial Guarantor Information

Please complete the information below for the primary contact for the applicant. Please complete the applicable fields on the last page of the application for any other 20%+ owners of the business and/or any non-owner financial guarantors (if applicable).

---

Are you the sole owner of the business?

Yes

No

Are you including any other financial guarantors?

Yes

No

If not, how many people own 20% or more of the business?

2

3

4

5

If so, how many other financial guarantors?

1

2

---

First Name

Last Name

Title

Ownership %

House Number

Street Name

Apt/Unit

City

State

Zip Code

Email Address

Phone Number

Social Security Number

---

## Applicant Signature

*By signing below, the applicant and each of the Owners/Partners/Members/Guarantors agree as follows:*

They certify that all information provided is true, correct and complete. The applicant and each of the Owners/Partners/Members/Guarantors of the applicant recognize that their individual credit histories may be a factor in the evaluation of the applicant for the credit it is applying for and, thus, authorize Rigquipment Finance LLC or its designee to investigate each of their organizational and personal credit histories. Rigquipment Finance LLC is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes any person or consumer reporting agency to give Rigquipment Finance LLC any information such person or credit reporting agency, as the case may be, may have on any or all of the undersigned. Each of the undersigned authorizes Rigquipment Finance LLC to answer questions about Rigquipment Finance LLC's credit experience with the undersigned. The representations and warranties, and the authorizations and consents, given by the undersigned herein shall run to Rigquipment Finance LLC and its successors, assigns and servicers, if any. Any transmission of this application as an "electronic record" containing the undersigned's "electronic signature", as those terms are defined in applicable federal or state laws (excluding audio and video recordings), or the undersigned's facsimile transmission of this application containing a facsimile transmission of the undersigned's signature, shall be effective, enforceable and valid as if a paper version of this application were delivered containing the undersigned's original written signature.

**Applicant Signature:**

Date:

Authorized Signatory Name:

Title:

## Other Owners and/or Financial Guarantors

---

---

First Name Last Name Title Ownership %

Email Address Phone Number Social Security Number

House Number Street Name Apt/Unit

City State Zip Code

---

First Name Last Name Title Ownership %

Email Address Phone Number Social Security Number

House Number Street Name Apt/Unit

City State Zip Code

---

First Name Last Name Title Ownership %

Email Address Phone Number Social Security Number

House Number Street Name Apt/Unit

City State Zip Code

---

First Name Last Name Title Ownership %

Email Address Phone Number Social Security Number

House Number Street Name Apt/Unit

City State Zip Code