# APPLICATION FOR FINANCING

## Owner Information

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| Trust  Owner Type | | Yes  Is Primary Contact for Application? | |
| Banana  First Name | N  Middle Initial | | Jefferson  Last Name |
| 333333333  SSN | 1920-11-11  DOB | | 555-555-5555  Phone |
| banana@pumpkin.com  Email | | | |
| 200 Banana Ct.  Mailing Street Address | | | |
| bananaville  Mailing City | MT  Mailing State | | 88888  Mailing Zip |

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| --- | --- | --- | --- |
| Individual  Owner Type | | No  Is Primary Contact for Application? | |
| Four  First Name | F  Middle Initial | | Two  Last Name |
| 222222222  SSN | 1920-12-1  DOB | | 222-222-2222  Phone |
| two@four.com  Email | | | |
| 200 Banana Ct.  Mailing Street Address | | | |
| bananaville  Mailing City | MT  Mailing State | | 88888  Mailing Zip |

Bob Jones

Sally Linda

I declare that: (i) I have the authority, without the consent of any third party which has not been previously obtained, to execute and deliver the Application and attest to the accuracy of the information indicated in the Application; (ii) I have received, read and understand the risks and characteristics of the Program described above; and (iii) I have been informed that I must take the sole responsibility to satisfy myself that executing the Assessment Contract, receiving financing for Eligible Products, and consenting to the assessment levied against the Property will not constitute a default under any other agreement or security instrument (specifically the terms of any mortgage on the Property) which affects the Property or to which I am a party.

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| Bob H Jones Signature |  | Date |

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| Sally B Linda Signature |  | Date |