



Equipment Finance Application
PLEASE FORWARD TO
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FULL NAME OF BUSINESS		YEARS IN BUSINESS		FEDERAL TAX ID #	
BUSINESS STREET ADDRESS		CITY	STATE & ZIP	AREA CODE & PHONE #	FAX #
NATURE OF BUSINESS		E-MAIL ADDRESS		PRIMARY CONTACT PERSON	
OWNER/GUARANTOR FULL NAME(S)			TITLE		
1) _____					
2) _____					
HOME ADDRESS		CITY	STATE & ZIP	SOCIAL SECURITY #	DATE OF BIRTH
1) _____					
2) _____					
BUSINESS IS A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUB "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LIMITED LIABILITY CO					
<input type="checkbox"/> NON-PROFIT CORPORATION <input type="checkbox"/> OTHER (SPECIFY)					
ADDRESS WHERE THE EQUIPMENT WILL BE LOCATED					

NAME OF BANK		CONTACT NAME		PHONE #	ACCOUNT #
INSURANCE COMPANY		AGENT NAME		PHONE #	
PAYMENT ACH (REQUIRED): BANK NAME		ACCT#	ROUTING#	Account Type	

DETAILED FINANCIALS MAY BE REQUESTED FOR CERTAIN SIZED TRANSACTIONS / RELATIONSHIPS

COMPANY FINANCIAL INFORMATION

(For 12 months ending _____)
GROSS ANNUAL REVENUE \$ _____
NET ANNUAL INCOME \$ _____
TOTAL ASSETS \$ _____
TOTAL LIABILITIES \$ _____

OWNER/GUARANTOR FINANCIAL INFORMATION

(1) (2)
For year ending: (_____) (_____)
PERSONAL GROSS ANNUAL INCOME \$ _____ \$ _____
TOTAL PERSONAL ASSETS \$ _____ \$ _____
TOTAL PERSONAL LIABILITIES \$ _____ \$ _____

Fees: For each loan, the bank will charge a \$95 document preparation fee and \$159.86 for UCC filings/releases, collateral perfection, etc. These fees are due at closing.

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE ABOVE FINANCIAL INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THAT THE AFORESAID BANK MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE, ACCURATE AND COMPLETE UNTIL A WRITTEN NOTICE OF CHANGE IS GIVEN TO SAID BANK BY THE UNDERSIGNED. -- AND -- I HEREBY GRANT HANCOCKWHITNEY BANK THE AUTHORITY TO CHECK MY CREDIT AND / OR EMPLOYMENT HISTORIES BY OBTAINING A CONSUMER REPORT FROM ANY CONSUMER-REPORTING AGENCY AND TO MAKE INQUIRIES OF ANY OF MY CREDITORS OR EMPLOYERS FOR SUCH INFORMATION. YOU ARE ALSO AUTHORIZED IN THE EVENT OF AN EQUIPMENT UPGRADE REQUEST TO RELEASE PAYOFF INFORMATION AND TO MAKE ANY FUTURE INQUIRIES OF MY CREDIT AND / OR EMPLOYMENT HISTORIES YOU DEEM NECESSARY. THIS AUTHORIZATION SHALL CONTINUE IN FORCE AND EFFECT UNTIL SUCH TIME AS ALL OBLIGATIONS THAT I OR THAT I GUARANTEE TO HANCOCKWHITNEY BANK HAVE BEEN SATISFIED IN FULL.

Signature of Owner / Guarantor (1)

Social Security #

Print Name of Owner / Guarantor (1)

Date

Driver License Number / Guarantor (1)

DL State

DL Issue Date

DL Expiration Date

Signature of Owner / Guarantor (2)

Social Security #

Print Name of Owner / Guarantor (2)

Date

Driver License Number / Guarantor (2)

DL State

DL Issue Date

DL Expiration Date