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| CREDIT APPLICATION                             |                                |                   |   |            |
|--|--------------------------------|-------------------|---|------------|
| COMPLETE LEGAL NAME                            | EMAIL                          |                   | □ SOLE PROP □ PARTNERSHIP □ CORPORATION |            |
| TYPE OF BUSINESS                               | FEDERAL ID NUMBER YEARS IN BUS |                   | YEARS IN BUSINESS                       |            |
| MAILING/BUSINESS ADDRESS                       |                                | COUNTY            | PHONE NUMBER                            | FAX NUMBER |
| EQUIPMENT LOCATION                             |                                | COUNTY            | PHONE NUMBER                            | CONTACT    |
| INSURANCE AGENT                                |                                |                   | AGENT'S PHONE NUMBER                    | R          |
| ARE YOU A US CITIZENYESNO                      | O                              |                   |   |            |
| PRINCIPAL / OFFICER / PARTNER                  | SOCIAL SECURITY                | TITLE / %OWNED    | HOME ADDRESS &                          | TELEPHONE  |
|  |                                |                   |   |            |
|  |                                |                   |   |            |
| DANK (MONEY MARKET ACCOUNTS                    | ACCOUNT #                      | TELEBLIONE        | OFFICER TO CO                           | ONITACT    |
| BANK / MONEY MARKET ACCOUNTS  BUSINESS         | ACCOUNT #                      | TELEPHONE         | OFFICER TO CONTACT                      |            |
| BUSINESS                                       |                                |                   |   |            |
| BUSINESS                                       |                                |                   |   |            |
| BUSINESS / PERSONAL                            |                                |                   |   |            |
| EQUIPMENT LOAN REFERENCE(s)                    |                                | ACCOUNT #         | /TELEPHONE / CONTACT                    |            |
|  |                                |                   |   |            |
|  |                                |                   |   |            |
| EQUIPMENT TO BE PURCHASED                      | <u> </u>                       |                   |   |            |
| SUPPLIER Northeastern Arborist Supply 50 Notch | Road W Paterson N              | II 07424 Vinny (P | 973-837-1390                            |            |
| TYPE OF EQUIPMENT                              | NEW/USED                       | COST OF EQUIPMENT | , |            |

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process, and, if necessary, any collection actions to be taken on the account. The undersigned waives any right or claim they would otherwise have under Fair Credit Report Act in the absence of this continuing consent.

| I hereby authorize our banks, trades, and personal      |   |
|---|---|
| credit bureaus to release credit information to         |   |
| Northern Atlantic Financial, LLC. and/or its assignees. | X |