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MELVILLE, NY 11747-4616

**COMMERCIAL EQUIPMENT & VEHICLE FINANCE CREDIT APPLICATION**

**Business Applicant Information**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Federal I.D.# \_\_\_\_\_ State of Incorporation/Organization: \_\_\_\_\_  
 Equipment Address: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business structure:  Corporation  LLC  Partnership  Sole Proprietor  Other \_\_\_\_\_ In business since: \_\_\_\_\_  
 Has the Business (or you, if a sole proprietor) ever declared bankruptcy?  Yes  No If yes, when? (date) \_\_\_\_\_

**Equipment/Financing Description**

Amount Requested: \$ \_\_\_\_\_ Term Requested (# of months): \_\_\_\_\_ Fleet Size: \_\_\_\_\_ Replacement: \_\_\_\_\_ Addition: \_\_\_\_\_  
 Equipment Description: \_\_\_\_\_ Quantity: \_\_\_\_\_  
 Vendor Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Bank Reference (Installment Debt/Leases)**

Name of Bank: \_\_\_\_\_ Accounts Open Since: \_\_\_\_\_ Bank Officer: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**Finance References**

Firm Name: \_\_\_\_\_ Account Open Since: \_\_\_\_\_ Firm Name: \_\_\_\_\_ Account Open Since: \_\_\_\_\_

**Applicant Principal(s)/Guarantor(s) Information** Please provide the following information regarding the principals/owners/guarantors of the Applicant (attach additional sheets if necessary).

**Principal 1** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Own or  Rent Time at residence: \_\_\_\_\_ Monthly mortgage/rent: \_\_\_\_\_ Citizenship:  USA  Other \_\_\_\_\_  
 Is Principal 1 going to be a Guarantor?  Yes  No If yes, has Principal 1 ever declared bankruptcy?  Yes  No If yes, when? (date) \_\_\_\_\_

**If you intend to apply for joint credit (including as a Guarantor), please initial here and sign below as a Guarantor.** ✕ \_\_\_\_\_

**Principal 2** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Own or  Rent Time at residence: \_\_\_\_\_ Monthly mortgage/rent: \_\_\_\_\_ Citizenship:  USA  Other \_\_\_\_\_  
 Is Principal 2 going to be a Guarantor?  Yes  No If yes, has Principal 2 ever declared bankruptcy?  Yes  No If yes, when? (date) \_\_\_\_\_

**If you intend to apply for joint credit (including as a Guarantor), please initial here and sign below as a Guarantor.** ✕ \_\_\_\_\_

The undersigned principal(s) certify that he/she has full authority to act on behalf of the applicant. The applicant principals and guarantors each certify that all of the information contained in this application and on each document required to be submitted in connection herewith are true and complete. The applicant and each guarantor hereby authorize Santander Bank, N.A. ("Santander Bank") to obtain his/her credit report from the national credit bureau(s) for the purpose of considering this credit application and any subsequent update, renewal, collection, or additional credit. A copy or facsimile of this authorization shall be as valid as the original. Further, the applicant and guarantors hereby authorize each bank and finance reference listed in this credit application to release information about the applicants and guarantors to Santander Bank, as requested by Santander Bank. If your application for business credit is denied you have the right to a written statement of the specific reasons for the denial by writing to Santander Bank, Commercial Equipment and Vehicle Finance Division at 3 Huntington Quadrangle, Suite 101N, Melville, NY 11747-4616, Mail Code: NY1-MLV-01-01, or call 1-800-238-4009, within sixty (60) days from the date you are notified of our decision. Santander Bank will send you a written statement of the reasons for the denial within thirty (30) days of receiving your request for the statement.

The Federal Equal Credit 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); or 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 Bureau of Consumer Financial Protection, 1700 G Street, NW, Washington, DC 20006.

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. This means that when you open an account, Santander Bank will ask you for your name, address, date of birth, and other information that will allow us to identify you. Santander Bank may also ask to see a government issued ID such as a driver's license, non-driver's ID, passport, or other identifying documents.

If you intend to act as a Guarantor for the credit of one or more primary applicant(s) and are providing information to Santander Bank for that purpose, please be advised that if Santander Bank determines that you do not meet its standards of creditworthiness for the amount and/or kind of credit desired by the primary applicant, Santander Bank is required by law to provide the specific reasons for such adverse action to the primary applicant and NOT to you. Unless you are willing to share the specific reasons for adverse action based upon your credit history with the primary applicant you should not sign this application or submit a Personal Financial Statement to Santander Bank.

Application by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Application by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guarantor Signature ✕ \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guarantor Signature ✕ \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Legal Entity Beneficial Owner(s) Certification

**What is this form?**

Person(s) opening an account on behalf of a legal entity (business) needs to provide specific information as required by the Bank Secrecy Act.

This regulation requires Santander to collect this information to help fight financial crime, because legal entities may be used to disguise involvement in money laundering, terrorist financing, tax evasion, fraud, and other financial crimes.

**What information is required?**

This form collects three key pieces of information:

1. Information on any legal entity (business) that owns this business.
2. The people who have ownership of the legal entity (business).
3. One individual who has significant responsibility for managing the legal entity (business).

If you feel your business is exempt from providing this information, such as a company listed on the New York or NASDAQ stock exchange, please ask to review the exemption certification form.

**Name and Address of Business**

\_\_\_\_\_  
Name \_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City State ZIP \_\_\_\_\_  
Country

**Is your business owned or part of another legal entity?**

The following information must be provided for each business entity or trust that, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise owns an equity interest of the legal entity listed above.

No other legal entity (business) own an equity interest.

Name	Country of Formation	Percentage of Ownership

## Legal Entity Beneficial Owner(s) Certification

### Who are the individuals who have an equity ownership?

The following information must be provided for **each** individual (if any) who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns an equity interest of the legal business entity listed above:

No individuals meet the above definition. For example, no single person has a high enough % of ownership in the company.

Name:	Date of Birth:
Physical Address:	
Percentage of Ownership:	
<b>For US Persons</b> – Social Security Number:	
<b>For Non-US Persons</b> – Passport Number and country of issuance or alien identification card number:	
– Country of Citizenship:	

Name:	Date of Birth:
Physical Address:	
Percentage of Ownership:	
<b>For US Persons</b> – Social Security Number:	
<b>For Non-US Persons</b> – Passport Number and country of issuance or alien identification card number:	
– Country of Citizenship:	

Name:	Date of Birth:
Physical Address:	
Percentage of Ownership:	
<b>For US Persons</b> – Social Security Number:	
<b>For Non-US Persons</b> – Passport Number and country of issuance or alien identification card number:	
– Country of Citizenship:	

Name:	Date of Birth:
Physical Address:	
Percentage of Ownership:	
<b>For US Persons</b> – Social Security Number:	
<b>For Non-US Persons</b> – Passport Number and country of issuance or alien identification card number:	
– Country of Citizenship:	

Name:	Date of Birth:
Physical Address:	
Percentage of Ownership:	
<b>For US Persons</b> – Social Security Number:	
<b>For Non-US Persons</b> – Passport Number and country of issuance or alien identification card number:	
– Country of Citizenship:	

## Legal Entity Beneficial Owner(s) Certification

### Who manages the legal business entity?

The following information must be provided for **one** individual with significant responsibility for the legal business entity for which the account is opened.

A person with significant responsibility includes an executive or senior manager such as the chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, treasurer, or any other individual who regularly performs similar functions.

Please list the information below, even if this person is also an owner captured above.

Name:	Date of Birth:
Title:	
Physical Address:	
Percentage of Ownership:	
<b>For US Persons</b> – Social Security Number:	
<b>For Non-US Persons</b> – Passport Number and country of issuance or alien identification card number:	
– Country of Citizenship:	

### Applicant's Signature

I hereby certify that I am an authorized signer of the business listed above and the information provided above is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### For internal use:

\_\_\_\_\_  
Customer Number