| ONEWORLD<br>"STRENGTH IN                                                                 | Florida National<br>Equipment Finance  |
|------------------------------------------------------------------------------------------|----------------------------------------|
| NEWORLD LEASING                                                                          | YOUR BUSINESS EQUIPMENT FINANCE SOURCE |
| Florida National Equip<br>1705 Colonial Blvd, Suite A1, Ft N<br>Phone: 800.788.4464 Fax: |                                        |
| - × z .                                                                                  | EQUIPMENT FINANCING                    |

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| ONEWOR    | LD   | LEASING |
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| ,                                                                                |                                          | SACTIO                                                                                                            |                                         | REFE               | RADE<br>RENCE | s            | LO                      | ANS/                                  | LEAS                    | ES                   | R                                     | BA<br>EFER                                      |                           | s                |                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WNERS                     | SHIP           |             |                                                                                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | BUS            | INES       | s               |                                                              |
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|                                                                                  | Equipment Description (Mfg., Model Numbe | Supplier of Equipment                                                                                             | Equipment Cost (exclusive of sales tax) | LANDLORD/MORTGAGEE |               | COMPANY NAME | START DATE (MONTH/YEAR) | LOAN/LEASING COMPANY                  | START DATE (MONTH/YEAR) | LOAN/LEASING COMPANY | UNDER THE NAME                        | BANK                                            | ACCOUNT UNDER THE NAME OF | BANK             | HOME ADDRESS (STREET) (CI | PRINCIPAL'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | HOME ADDRESS (STREET) (CI |                |             | By signing below, the undersigned individ<br>their affiliates, successors or its designee<br>and/or creditworthiness. Such authorizatio<br>extension of such credit or additional crec<br>original. By signature below, I/we affirm m | CONTACT NAME:             | LOCATION OF EQUIPMENT (STREET/CITY/S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TYPE OF BUSINESS             | CITY/STATE/ZIP |            |                 | "STRENGTH IN NUMBERS"                                        |
|                                                                                  | S/N, - Attach                            | Contact                                                                                                           | Term                                    |                    |               |              | TERM/MC                 |                                       | TERM/MC                 |                      | ACCOUNT                               | BRANCH/                                         | ACCOUNT                   | BRANCH/          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                |             | ual, who is either a<br>(and any assigne<br>n shall extend to o<br>it and for reviewin<br>lit and for reviewin<br>y/our identity as th                                                                                                | ANNUAL SA                 | TATE/ZIP/COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                |            |                 | SEES.                                                        |
|                                                                                  | Order if                                 |                                                                                                                   |                                         |                    |               | ADDRESS      | ONTHLY PAYMENT          | ORIGINAL LOAN                         | ONTHLY PAYMENT          | ORIGINAL LOAN        |                                       | CITY                                            | r number                  | CITY             | STATE)                    | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STATE)                    |                |             | a principal of the c<br>se or potential ass<br>obtaining a credit p<br>ng or collecting th<br>ng respective indiv                                                                                                                     | LES                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BUSINESS STA                 |                |            |                 |                                                              |
|                                                                                  | ble)                                     | Ph                                                                                                                | Pa                                      |                    |               |              |                         | V/LEASE AMOL                          |                         |                      |                                       | CONTAC                                          |                           | CONTAC           | (ZIP CODE)                | SOCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (ZIP CODE)                | SOCIAL :       |             | redit applican<br>ignee thereof<br>rofile in consi<br>e resulting ac<br>idual(s) identi                                                                                                                                               | KEMPT FROM S              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RT DATE                      | COUN           |            |                 |                                                              |
|                                                                                  |                                          | one Number                                                                                                        | yment                                   |                    |               |              | ACCO                    | JNT                                   | ACCO                    | JNT                  |                                       | _                                               |                           |                  | Own 🛛<br>Rent 🗌           | ECURITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Own 🛛<br>Rent 🗍           | SECURITY N     |             | t or a person<br>) to obtain c<br>dering this a<br>count. A ph<br>fied in this a                                                                                                                                                      | STATE SALES               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YRS UND<br>CURRENT<br>OWNERS | ΥT             |            |                 |                                                              |
|                                                                                  |                                          |                                                                                                                   |                                         |                    |               | CONTACT      | UNT NUMBER              |                                       | UNT NUMBER              |                      |                                       |                                                 |                           |                  | How Long?                 | JMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | How Long?                 | JMBER          | 50          | nal guarantor<br>consumer cree<br>application an<br>notostat or fac<br>pplication.                                                                                                                                                    | 5/USE TAX?                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HIP 'FR                      |                |            |                 | - 00                                                         |
|                                                                                  |                                          |                                                                                                                   |                                         |                    |               |              |                         | TELEPHONE<br>( )                      |                         | TELEPHONE<br>( )     | CHECKING                              | TELEPHONE<br>( )                                | CHECKING                  | TELEPHONE<br>( ) | SIGNATURE:                | НОМ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SIGNATURE:                | НОМ            | STATE OF IN | of its obligatior<br>dit reports relat<br>d subsequently<br>simile copy of                                                                                                                                                            | HAS COMPAN<br>BANKRUPTCY? | E-MAIL ADDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FED. TAX I.D                 | MOBILE<br>( )  | FAX<br>( ) | TELEPHONE<br>() | Phone: 800.7                                                 |
|                                                                                  |                                          | New Use<br>If used, yr. of mf                                                                                     | Purchase Option                         |                    |               | TEL          |                         |                                       |                         |                      |                                       |                                                 | SAVINGS                   |                  |                           | IE PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | IE PHONE       | CORPORATION | ns, authorizes less<br>ting to his/her indi<br>for the purposes of<br>this authorization                                                                                                                                              | Y/OWNER(S) EVER           | RESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                            |                |            |                 | 0, 3016 A1, F1 M<br>1.788.4464 Fax:<br>Email: mparke         |
| and financial institutions the right to ecured Party's interest in the equipment |                                          | gr.                                                                                                               |                                         |                    |               | EPHONE       |                         |                                       |                         |                      |                                       |                                                 | LOAN                      |                  |                           | % OF OWNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                         | % OF OWNERSHIP |             | ior and/or debtor and<br>ividual credit history<br>of update, renewal or<br>shall be valid as the                                                                                                                                     | 2 DECLARED                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                |            |                 | 800.788.4464 Fax: 239.278.3086<br>Email: mparker@fnlease.com |
|                                                                                  | CREDIT RELEASE AUTHORIZATION             | B Equipment Description (Mfg., Model Number, S/N, - Attach Sales Order if Available) CREDIT RELEASE AUTHORIZATION |                                         |                    |               |              |                         | Purchase Opt<br>New<br>If used, yr. o | Purchase Opt            | Jurchase Opt         | Purchase Opt<br>New<br>If used, yr. o | Purchase Option<br>Vew<br>If used, yr. of mfgr. | USAVINGS<br>TELEPHON      | USAVINGS         | USAVINGS                  | SAVINGS Carling Saving | PHONE % OF                | PHONE % OF     | PHONE %     | PHONE %                                                                                                                                                                                                                               |                           | , authorizes lessor ar<br>ig to this/her individu:<br>or the purposes of up<br>or the purpose of up<br>or the purpose of up<br>or the purposes of up<br>or the purpose of up |                              |                |            |                 |                                                              |

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), 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 administer scompliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified or our decision. We will send you a written statement of reasons for the denial within 30 days for receiving your request for the statement.

Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.

# WHAT WE CAN FINANCE:

# LEASE OR FINANCE?

# WHY CHOOSE US?

# WHO IS **FLORIDA NATIONAL EQUIPMENT FINANCE?**

Florida National Equipment Finance. located in Ft Myers, FL, is a full service lease/finance company providing funding throughout the U.S. We offer a wide variety of flexible financing solutions for

For additional information about how your company can benefit from financing with Florida National Equipment Finance, call, fax or contact us through our email or website.

> Phone: 800.788.4464 Phone: 239.278.4464 Fax: 239.278.3086 Email: mparker@fnlease.com www.fnlease.com



### **Construction Industry**

**New and Used Equipment** 

- Bulldozers & Tractors
- Cranes

Draglines

- Trenching & Boring • Dump Trucks & Trailers
- Minina
- Paving
- Excavating Equipment
- Chippers
- Drilling

#### Manufacturing Equipment

- Stone & Glass Fabrication
- Woodworking
- Compacting
- Dust Extraction
- Embroidery
- Engraving Machine Tools
- Metal Fabrication
- Packaging
- Hot/Cold Presses
- Plastics
- Finishing Systems
- Dry Kilns
- Bakery

- Equipment
- P.O.S. Systems
- Software
- Computer Furniture
- Computers & Networks
- Copiers

- Collating

#### **Specialty Commercial** Vehicles

- Boom Trucks / Bobtail Trucks Specialized Haul Dump, Mixer & Crane
- Refuse, Utility, Tree Service • Towing & Recovery
- - Box & Roll Offs Landscaping

## **Health Care**

#### **Professionals** Dental / Veterinary /

Chiropractic Hospital Facilities General Medical

#### **Other Equipment &** Industries

- Automotive Repair Equipment
- Auto Body & Spray Booths
- **Office Environment**
- Office Furniture &

- Printing Equipment
- Phone Systems & Switches



- Material Handling
- Equipment

• Beverage Dispensers

Recording Equipment

#### Restaurant Equipment

- Screen Printing Equipment
- Service Station
- Textile Equipment Rental Equipment
- Franchise Industry

### • Compressors & Dryers



Leasing avoids tying up your cash in equipment so its available for unforeseen expenses.

**Conserve Your Working Capital** 

Leasing does not affect borrowing limits at your bank.

Leasing will not adversely affect your personal credit, but loans or carrying a large balance on your credit cards does.

#### **Improves Cash Flow**

We can structure unique payment schedules to match your cash flow.

### **Tax Benefits**

You may be able to take advantage of depreciation & expense write offs that significantly affect your bottom line.

#### Avoid Obsolescence

Easily upgrade or add on equipment.

#### **Total Systems Solution**

Equipment, software, installation, training, maintenance & other services can be packaged into a lease.

### **Convenient & Simple**

### When you work with Florida National **Equipment Finance you will receive:**

- Ethical treatment and plain English documents
- One page application
- Same day approvals
- Personalized service through the entire finance process

## Financing made simple and friendly. LET US SHOW YOU HOW!

