TRINITY
A DIVISION OF BANK OF THE WEST

BUNCE INDUSTRIES, LLC
dba BUNCE POSITIONING SYSTEMS

Special Finance Programs – Finance Application

BUSINESS

LESSEE (EXACT LEGAL NAME)		DBA		
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NO. ( )
LOCATION OF EQUIPMENT	CITY	STATE	ZIP	FAX NO. ( )
CELL PHONE NO. ( )	E-MAIL ADDRESS			
TYPE OF BUSINESS	GROSS ANNUAL SALES	YEARS IN BUSINESS	YEARS UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)
☐ PROPRIETORSHIP ☐ CORPORATION	☐ PARTNERSHIP	☐ LIMITED LIABILITY CO.		STATE OF INCORPORATION

OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. ( )
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence only)	PRINCIPAL BIRTH DATE (MM/DD/YYYY) / /		
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. ( )
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence only)	PRINCIPAL BIRTH DATE (MM/DD/YYYY) / /		

SPECIAL FINANCE PROGRAMS

TYPE OF EQUIPMENT (Please check appropriate box):

- ☐ GPS
- ☐ Machine Control
- ☐ Survey Equipment

PROGRAM SELECTIONS (Please check appropriate box):

- ☐ **Zero Interest** - 24 months

Low Interest

- ☐ 36 months ☐ 48 months ☐ 60 months

6 Month Deferred

- ☐ 30 months ☐ 36 months ☐ 42 months

TOPCON DEALER INFORMATION

DEALER NAME	CONTACT	PHONE ( )
EQUIPMENT COST	EQUIPMENT DESCRIPTION	

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds $100,000, please provide Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement. ***Please include an itemized quote, if available.***

I understand this equipment application may be approved based upon my business and personal credit. I authorize, Trinity, A Division of Bank of the West or its assignees to check references, bank accounts and credit information.

X_____ _____

AUTHORIZED SIGNATURE DATE

FAX COMPLETED APPLICATION TO (978) 897-3504

Questions? Call (800) 225-9400

Please ask for Kathy or Jim