



3 HUNTINGTON QUADRANGLE, SUITE 101N, MELVILLE, NY 11747-4616, MAIL CODE: NY1-MLV-01-01

DOCUMENT CHECKLIST

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Financial Statements – Accountant prepared statements for the latest three fiscal periods and any available interim | <input type="checkbox"/> Resumes – of all principal(s) and key management operating personnel | <input type="checkbox"/> Limited Liability Company Agreement |
| <input type="checkbox"/> Corporate Guarantor(s) Financial Statements – Accountant prepared statements for the latest three fiscal periods and any available interim | <input type="checkbox"/> Fed. Tax I.D.# _____ and copy of Certificate of Incorporation/ Partnership Resolution/Trade Style Certificate (if applicable) | <input type="checkbox"/> Corporate Bylaws or Partnership Agreement , whichever applies |
| <input type="checkbox"/> Personal Guarantor(s) Tax Returns – Complete copy of last year’s tax returns, signed and dated, with W-2s, if applicable <i>Most Recent Bank/Brokerage Statement for all Personal Guarantors</i> | <input type="checkbox"/> Copy of Physical Damage Insurance Policy | <input type="checkbox"/> Completed W-9 and copies of the State Sales Tax Authority I.D. Certificate for all states in which you register vehicles |
| | <input type="checkbox"/> Copy of Contingent & Excess Liability Policy | <input type="checkbox"/> Commercial Account Opening Form |
| | <input type="checkbox"/> Copy of Management Succession Plan | |

APPLICATION INSTRUCTIONS

We understand our customers’ hectic schedules and the importance of handling your new business request with the fastest service possible. It is important to obtain all necessary documents up front so that we do not have to delay your approval by asking for additional information.

- Gather all documents on the “checklist” section.
- Complete the *Lessor Information Section*.
- Complete the *Principal and/or Lessor Guarantor Information Section*.
- Complete the *Personal Financial Statement* for ALL Principals and/or Guarantors on the enclosed Sovereign Bank Statement.
- Sign the *Business Financial Statement Certification*.
(To be signed by all officers/shareholders, partners, and principals.)
- Provide *Personal Tax Return Certification(s)*.
(One for each Principal and Guarantor).
- Check all forms for original signatures and dates.
- Enclose a copy of the checklist with a check mark for items included and “TF” for items to follow.
- Send all completed documents to:

Sovereign Bank
3 Huntington Quadrangle, Suite 101N
Melville, NY 11747-4616



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PRINCIPAL AND/OR GUARANTOR INFORMATION

Personal Information Should be duplicated for additional Principals/Guarantors

Guarantor for: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Social Security Number: _____ Date of Birth: _____

Housing:

Own Rent No. of years _____ (if fewer than 2, give previous address)

Previous Address: _____ City: _____ State: _____ Zip: _____

Own Rent No. of years _____

Bank/Brokerage Relationships Please enclose copies of your most recent bank and brokerage statements.

Name of Bank/Brokerage:

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

Accounts: Check all that apply

Checking Account # _____ Savings Account # _____ Money Market Account # _____

Name of Bank/Brokerage:

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

Accounts: Check all that apply

Checking Account # _____ Savings Account # _____ Money Market Account # _____

The information furnished in this statement is accurate and may be investigated and exchanged with others. You may request and obtain consumer reports from consumer reporting agencies, and without notice to me, such additional reports that you may require in connection with any update, renewal or extension of credit. Upon my request, you will inform me whether you requested any report and the name and address of the consumer reporting agency that furnished any report to you.

In addition, I authorize you to receive any balance or activity information from the above listed accounts.

Signature **X** _____ Print Name _____ Date _____



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TAX RETURN CERTIFICATION

I (we) represent and certify that the enclosed copy of the tax return for the year _____ is a true and exact copy of the return submitted and on file with the Internal Revenue Service.

Signature

Date

Signature

Date

Required: Copy for each Principal and Guarantor. Duplicate form as needed. Please provide original signatures on submitted tax return.



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VEHICLE FUNDING WARRANT AND CERTIFICATION FORM

Date _____

Enclosed are the following financial statement(s) of _____ for the fiscal period(s) ending _____ for the purpose of establishing or reviewing a financing arrangement with your institution.

The undersigned, jointly and severally if more than one, represent, warrant and certify to Sovereign Bank Vehicle Funding (SVF) that:

- a) The financial statements, including any supporting schedules, are true and give a correct representation of the financial condition of the undersigned since the date indicated;
- b) There have been no material changes in the financial condition of the undersigned since the date indicated;
- c) The undersigned has no liabilities, direct or contingent, business or accommodation, except as set forth in the financial statements;
- d) Title to all assets set forth in the financial statements are in the name(s) shown except as may be otherwise noted. If there is any material adverse change in the financial condition set forth in such statements, then the undersigned will notify SVF immediately in writing.

It is acknowledged that the truth and accuracy of these statements and the representations contained therein are a material consideration for SVF's extension of credit or other financial accommodation to the Borrower.

Very truly yours,

Name of Business Entity

Authorized Signature of the Business Entity

Sovereign Bank
3 Huntington Quadrangle, Suite 101N
Melville, NY 11747-4616



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BUSINESS INFORMATION

Organization Information (Should there be other locations, list them on a separate sheet.)

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Trade Style: _____ Contact: _____ Telephone Number: _____

Lessor Information

Business Established: _____
 Proprietorship (State: _____ Year: _____) Partnership (State: _____ Year: _____)
 Corporation (State: _____ Year: _____) LLC (State: _____ Year: _____)
Shares Authorized: _____ # Shares Outstanding: _____

Ownership *Indicate full time, part time, not active (if not active, give an explanation)

| Name | Title | Position | # Shares | Percent Ownership | Operating Participation* |
|------|-------|----------|----------|-------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Principal Operator
Name: _____ Experience: _____ years With Lessor: _____ years
Is there a dealership affiliation? Yes No (If yes, supply the following information)
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Business Established: _____ Ownership: _____
Are there inter-company relationships? Yes No (If yes, explain) _____

Number of Units Leased

In each of the last two years (year: _____ () Year to Date (No. of months): _____ ()
Projections for the remainder of the year: _____ () Projection for next year: _____ ()

Type of Vehicles

Automobile: _____ Trucks: _____ % Domestic: _____ % Imports: _____ % Other: _____ %
Any concentration as to make or model? Yes No (If yes, explain) _____

Lessees

Individual Name: _____ % Personal Use: _____ % Business Use: _____ %
Commercial: _____ % Fleet: _____ % Repeat Business: _____ % Open End: _____ % Closed End: _____ %
How is business obtained? _____

Present Financing Sources (Please attach a separate sheet for additional sources and/or relationships)

Name: _____ Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____

Major Banking Relationships (Please attach a separate sheet for additional sources and/or relationships)

Name: _____ Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____

Prepared By

Authorized Signature / Title Date

Print Name

NOTE: The person executing this document must be an authorized signatory as well as have an ownership interest in the business.



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COMMERCIAL ACCOUNT OPENING FORM

Important Information about Opening a New Account

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 Customer who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Customer to Bank

Account Number (to be assigned by Bank)

Legal Name of Business: _____

Business Type: Corporation Partnership Limited Liability Company Non-Profit/Charity Government Entity Sole Proprietor

Nature of Business: _____

Purpose of Loan: _____

Is business domestic or foreign? _____

Does customer have any significant international business operations or sales? Yes No If yes, identify Country(ies) _____

Account Title (if different from above): _____

Principal Place of Operation: _____

Address (no PO Box): _____ City: _____ State: _____ Zip: _____

Statement Mailing Address (if different from above)

Address (no PO Box): _____ City: _____ State: _____ Zip: _____

TIN #: _____ Contact Name/Title: _____

Business Telephone: _____ Fax #: _____ E-Mail: _____

Bank NE MA Product Type: _____

Account Officer Assignment Name: _____ Contact Number: _____

Requester Information Name: _____ Contact Number: _____

Account Open Date: _____ Opened By: _____

COMMERCIAL CUSTOMER IDENTIFICATION PROCESS

Our bank complies with Section 326 of the USA PATRIOT ACT. This law mandates that we verify certain information about you when you open a new account.

The following information is required for each guarantor and principal with a controlling interest in the company. Please note the ID used for each.

(NOTE: This information is not required if the account is opened on behalf of a Publicly Listed Company, a Government Banking entity or Financial Institution OR for Authorized Signers without a controlling interest in the company.)

1. Legal Name: _____ Date of Birth: _____ Home Telephone: _____

Address (no PO Box): _____ City: _____ State: _____ Zip: _____

Identification Number: (e.g. SSN, Passport # and country of origin, other Government-issued document number, expiration date & type of document, etc.) _____

Record Country of Citizenship: _____

Employer Name, Address, Occupation and Business Telephone Number (if employed other than in the business) _____

2. Legal Name: _____ Date of Birth: _____ Home Telephone: _____

Address (no PO Box): _____ City: _____ State: _____ Zip: _____

Identification Number : (e.g. SSN, Passport # and country of origin, other Government-issued document number, expiration date & type of document, etc.) _____

Record Country of Citizenship: _____

Employer Name, Address, Occupation and Business Telephone Number (if employed other than in the business) _____

The following is to be completed by the Relationship Manager, Retail Branch Manager or their Designee: I _____

have personally met the above customer(s), and have obtained the Identification information provided above.

Signed _____ Date _____