



ATTN: Peter Kojesta

7801 York Rd, STE 342  
Towson, MD 21204

Fax: 410.769.6477

**COMPANY INFORMATION**

Company (Legal Name) \_\_\_\_\_ Federal Tax ID \_\_\_\_\_  
 Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Nature of Business \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 No. of Years in Business \_\_\_\_\_ Type of Business: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Non-Profit

**PERSONAL INFORMATION Officers/ Partners/ Guarantors** For additional Guarantors/Owners attach a separate sheet.

1) Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Home/Mobil Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 2) Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Home/Mobil Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**COMPANY BANK REFERENCE – Five-Year History**

Name of Bank/Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Checking Acct. No. \_\_\_\_\_ Contact Officer \_\_\_\_\_  
 Name of Bank/Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Checking Acct. No. \_\_\_\_\_ Contact Officer \_\_\_\_\_

**LEASE / LOAN REFERENCES**

Lender \_\_\_\_\_ Acct. No. \_\_\_\_\_ Loan Amount \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Lender \_\_\_\_\_ Acct. No. \_\_\_\_\_ Loan Amount \_\_\_\_\_ Phone No. \_\_\_\_\_

**TRADE REFERENCES**

Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_  
 Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_  
 Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_

**VENDOR INFORMATION – Finance Request**

Project Description (Circle All that apply)    Art Outsource    Localization    Port    Full project  
 Vendor Name Exis, LLC    Address 7801 York Rd, suite 342 - Towson, MD 21204    Phone 410.769.6454  
 Desired Amount \$ \_\_\_\_\_    Vendor Contact Peter Kojesta

**DECLARATION**

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 Exis, LLC 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 waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. 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. What this means for you: When you open an account, we will ask for your name, address, date of birth (for individuals), and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents. A photocopy or fax of this authorization shall be valid as the original.

Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_