

HFR®-HOTEL FINANCE RESOURCE

Call With Any Questions – 970-626-4199

Application

Total Amount Requested _____ Term Requested _____ Reason for Request _____

Applicant Information –List Other Hotels Owned - Use Separate Sheet If Necessary

Hotel Owner Legal Name _____ DBA (if any) _____

Address _____

Contact _____ Phone _____ Fax _____

Type of Entity: Corporation ____ Proprietorship ____ Partnership ____ LLC ____ Fed. Tax # _____

State of Incorporation or Organization of Entity _____ State Org. ID # _____ D & B # _____

Years Hotel Owned ____ Are Other Hotels Owned? ____ How many? ____ Legal Name(s) _____

Hotel Information

Name _____ Brand Inn Code _____

Address _____ Brand Location # _____

City _____ County _____ State _____ Zip _____ Brand _____

Phone _____ Fax _____ # Rooms _____

Under Current Ownership Since: ____ - ____ - ____ Franchise License Exp. Date: ____ - ____ - ____

List All Stockholders, Principals, Members And/Or Partners, Use Separate Sheet If Necessary

1. Name _____ Title _____ % Ownership _____

Address _____ Date of Birth _____ U.S. Citizen _____

Home Phone _____ Fax _____ SS # _____

2. Name _____ Title _____ % Ownership _____

Address _____ Date of Birth _____ U.S. Citizen _____

Home Phone _____ Fax _____ SS # _____

Bank Information

Bank Name _____ Checking/Savings _____ Loan _____

Date Open _____ Contact _____ Phone _____

Acct # _____ Previous _____ Fax _____

Lease / Finance / Credit References

Mortgage _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

We hereby authorize, and certify to you and to TCF Equipment Finance, Inc. ("TCFEF"), to whom this application is being submitted, that each individual stockholder, member, partner, principal, guarantor and other potential obligor has authorized banks, trades, credit bureaus, consumer credit reporting agencies, Hotel Finance Resource, TCFEF, and/or their designee(s), to release, share and disclose credit, franchisee status and other financial and franchise information to Hotel Finance Resource, TCFEF, and/or their designee(s), and we hereby release, indemnify, and hold harmless each such authorized party from any and all liability and expense in connection with any such release, sharing and disclosure. We also warrant that the information on or accompanying this application is true and complete, and we agree to notify you and TCFEF of any material change in any such information. We confirm that this application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes. TCFEF complies with Section 326 of the USA PATRIOT Act. This law mandates that we verify certain information about you while processing your application.

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Customer Service Representative, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (800-681-7474) within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing 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 administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney St., Ste. 3710, Houston, TX 77010.

Authorized Signature _____ Date _____

Name _____ Title _____ Email Address _____

Apply by FAX to (970) 626-3124 or (901) 854-3990