ABS Equipment Finance Program

Credit Application

FAX (888) 889-5073

Applicant Information

Legal Name of Company				
Street Address	City	State	County	Zip Code
Telephone No.	Fax No.	Contact Person	Title	
Type of Business	No. of Employees	Years in Business Under Current Ownership	Legal Form of Business Entity: Corporation Partnership Proprietorship LLC LLP Other (Specify) _____	
Fed ID No.	State of Organization	Annual Sales	Annual Net Profit	

Credit Information

Current Bank of the Ozarks customer? Yes No

Bank Name	Deposit Acct No.	Telephone No.	Contact	Balance
Bank Name	Loan Acct No.	Telephone No.	Contact	Balance

Company Trade References

Creditor Name	Account No.	Telephone No.	Contact	Balance
Creditor Name	Account No.	Telephone No.	Contact	Balance
Creditor Name	Account No.	Telephone No.	Contact	Balance

Personal Information on All Owners

1) Name	Home Address	City	State	Zip Code	Years at Current Address
Home Phone No.	Social Security No.	Percent Ownership	Annual Income	Net Worth	
2) Name	Home Address	City	State	Zip Code	Years at Current Address
Home Phone No.	Social Security No.	Percent Ownership	Annual Income	Net Worth	

Vendor Information

Vendor Name	Contact	Phone
Equipment		$ Amount

Signature Box

By signing below in this Signature Box, the undersigned submits the above information for the purpose of obtaining credit and represents that all such information is true, complete, and accurate. By signing below, each of the undersigned individuals authorize Bank of the Ozarks and its affiliates, successors, and assigns (collectively, "Bank") to obtain consumer credit reports relating to their individual credit history and/or creditworthiness in connection with: (a) this credit application by the applicant identified above ("Applicant"); (b) any guaranty by the undersigned of the debts, liabilities or obligations of Applicant to Bank; (c) Bank's periodic review of any credit extended by Bank to Applicant, or any guarantee of thereof by the undersigned; (d) any collection action with respect to any credit extended by Bank to Applicant, or any guarantee thereof by the undersigned; and (e) any other legitimate purpose. If Bank declines this credit application, this consent shall also extend to any prospective credit provider to which Bank may refer such application.

Signature _____ Signature _____

Printed Name _____ Printed Name _____

Date _____ Date _____

******* COMPLETE ALL INFORMATION ABOVE, SIGN AND FAX TO (888) 889-5073 *******

Representative Name and Phone Number: _____