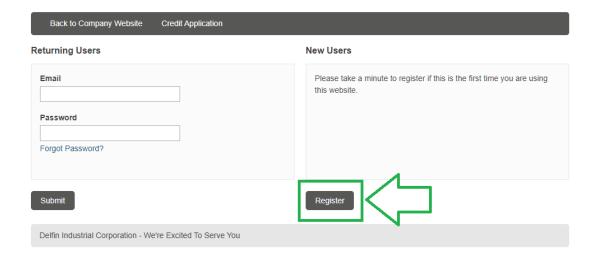


## **GUIDELINES TO USE AND MAKE THE MOST OF FWEF SERVICES**

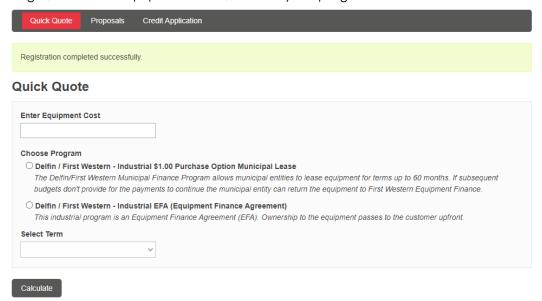
The purpose of these guidelines is to help you creating a custom proposal for your customer that you can either print or email. The process is simple and fast. However, do not hesitate to contact us in case of questions. Let's start!

- Access the website
   https://quickquote.firstwesternef.com/Credit/Account/delfinvacuums.com/Login?DestinationUrl=%2fCredit%2fQuickQuote%2fdelfinvacuums.com
- 2) Register as New User





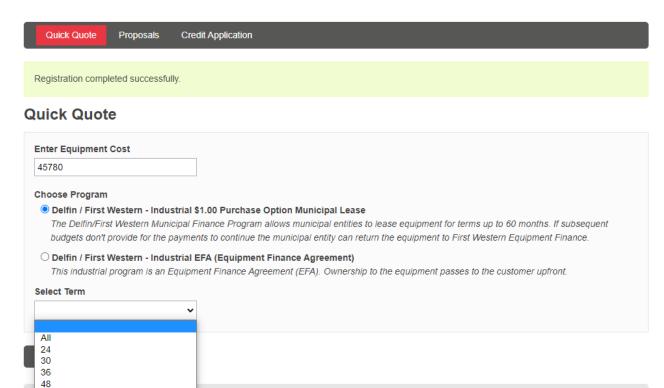
3) Login, enter the Equipment Cost, choose your program and Select Term.





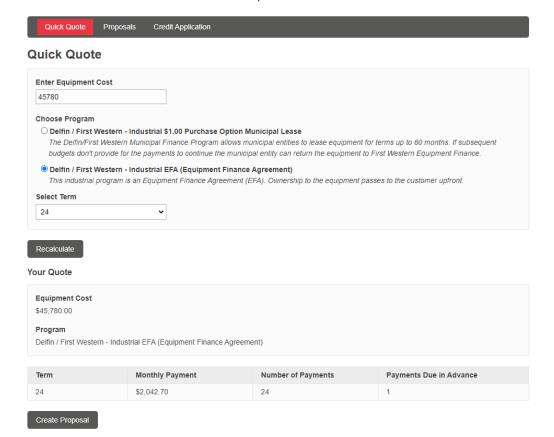
## Example:

60



4) Click on "Calculate" and evaluate the quote.

ted To Serve You





# 5) Create Proposal

Quick Quote Prop	osals Credit Application		
reate Proposa	I		
Date /27/2023 Company	Company Conta	act	
quipment Description		,	
quipment Cost 45,780.00 rogram lelfin / First Western - Indictude Logo on Printed	dustrial EFA (Equipment Finance A	greement)	
Yes  No	Proposal		
erm	Monthly Payment *	Number of Payments	Payments Due in Advance **
4	\$2,042.70	24	1
	e tax may not be included.	nt	
dvantages			
Get the right equipment for Pay for it as you use it Spread the cost over seve Ownership transfers at be	eral budget periods		
omments			
save			

### **DELFIN INDUSTRIAL CORPORATION**



6) Create Credit Application: Fill out the form and submit.

Quick Quote Proposals	Credit Application									
redit Application										
Legal Business Name*		Date <sup>s</sup>	<b>k</b>							
Legal Business Name			/2023							
Business Address*										
City* Co	ounty*	State	*	ZIP Cod	le*					
Contact Name*		Busi	ness Phone*							
Cell Phone* Fa	ix*	Emai	<u> </u> *							
Business Ownership*										
O Sole Proprietor O Partners	hip Ocrporation									
Business Start Date* Ty	pe of Business*									
wner / Officers / Partners										
is information may be used to c	heck the personal credit of	of indivi	duals listed.							
Name	ame		Social Security Number		Title		Ownership Percentage			
Home Street Address		City		State		ZIP Code				
	Home Ownership  Own O Rent		Birth Date		Driver's License Number					
Name			Social Security N	lumher	Title		Ownership Percer	ntage		
			occiai occanity i					nago		
Home Street Address			City		State		ZIP Code			
nome succession			City		Juito		Zii Godo			
Home Phone	Home Ownership		Birth Date		Driver's Licen	se Number				
	Own Rent									
ank Information										
Bank Name			City		State					
Phone	Checking Account #	#	Date Opened							
rms and Conditions										
(we) certify that the above i	information is complete	e and	correct and the equi	ipment is	being acquired for	or commercia	al and not consumer (	use.		
I (we) authorize the bank list	ed above to provide ci	redit in	formation to First W	/estern E	quipment Finance	e. I (we) unde	erstand that First Wes	stern		
Equipment Finance may use										
First Western Equipment Fir method of notification:   Eq				ecision u	nless otherwise di	irected by the	e applicant. Please in	dicate		
Financial statements may be				e.						
When you apply for an acco	unt with us, we will ask	k for yo	our name, address,		irth and other info	rmation that	will allow us to identi	fy you.		
			rounionis.							
I (we) agree to these ter	ims and conditions*									



#### Terms and Conditions

I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use.

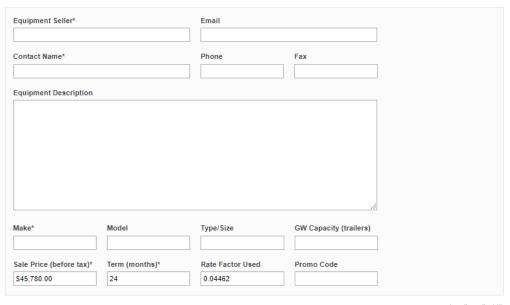
I (we) authorize the bank listed above to provide credit information to First Western Equipment Finance. I (we) understand that First Western Equipment Finance may use the provided information to check personal credit of owners, officers or partners indicated above.

First Western Equipment Finance will notify the Equipment Seller of credit decision unless otherwise directed by the applicant. Please indicate method of notification: Equipment Seller of Fax Email

Financial statements may be required based on credit and/or transaction size.

When you apply for an account with us, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

### **Equipment Information**



Delfin Industrial Corporation - We're Excited To Serve You

**DELFIN INDUSTRIAL CORPORATION** 

First Western Equipment Finance



7) Thank you for submitting your proposal! In order to finalize the project, we will contact you to proceed with the Credit Application Form and officialize the leasing program.

delfil	7000		Credit Application							Fax Completed Apps To: (800) 288-4959						
Customer's E	Business I	nformatic	on: (exa	ct legal r	name rec	quired)										
Legal Business N	lame:											Business P	hone N	lumber:		
Business Address:					City:			State:			Zip Code:					
									_							
Bill To Address: (Leave Blank If Same As Above)						City:			State:			Zip Code:				
Ship to Address: (Leave Blank If Same As Above)						City:						Zip Code:				
Silp to Address (Leave District 11 Salite As Above)																
Structure of Bus						Ye	ars in Busine	ess Unde	r							
Currentin Giste of: Description   Partnership   Proprietorship   LLC (State of:   Government   Current Ownership:																
Contact Name:								osition:								
Contact Phone I	Number:			Cell Pho	ne/Alt.Pho	ne:		dress:	2							
Nature of Busine	ess:					Fed. ID.#	ŧ.			Fax Num	ber:					
Customer's P	ersonal l	nformati	on: (exa	ct legal i	name rec	quired)				•						
I.Owner's Legal					Home Ad					City:						
State:					Zip:			Social Se	curity#				% Owne	ership:		
2.Owner's Legal	Name:				Home Ad	ddress:				City:						
	Lowing Seguirance															
State					Zip:	Social Security #					% Ownership:					
State:					Zip:			Social Se	curity #				& Owne	ersnip:		
Equipment:																
Equipment Desc	ription															
			_													
Product Division		Commerdal		Industrial			*Please provide			invoice (if app	dicable) with	signed credit	application	on .		
							e with the signed cre									
*Total equipmen	nt cost ove	r \$100,000 i	requires la	st two yea	ars of busin	ness finan	cial statements and	current in	terim stat	ement						
Finance Prog	ram:															
Program:		Term:		Advance	Rate/Fact	e/Factor: Equipment Cost:				Purchase	Options:					
_	Paymeet			Payment						- FEA	E 100	10% Purchase Opt.		\$1 Lease		
										L DA	10	76 Fulciase C	qu.	FMV		
Vendor Cont	act Infor	mation: (	For Mult	iple Ver	dor Dea	is) Plea	se Provide (All)	Equipme	ent Quo	tes With	Signed	Applicati	on			
Vendor Business		•		•		,	Web. Address:				Vendor F					
Vendor Address	2					City:			State:			Zip Code:				
Sales Rep. Name	e:				Sales Rep	. Telepho	one:		-	Sales Rep	. E-mail A	Address or I	Faxo			
Finance Cont	acts:															
				Du	ncan Lei	ghton										
First Western Business Development Manager																
Equipment Finance First Western Equipment Finance																
	Fil. (866) 703-1021															
www.firstwesternef.com duncan.leighton@firstwesternef.com																
Authorization & Owner(s) Signature(s):																
I (wii) authoritas Perz Western Equipment Pleazoring to review my credit to qualify for the financing requested in this application against any credit reporting bureaulagency, review any and all information or references disclosed in this application; information will remain confiderabil and will not be disdosed to any third parry outside of credit reporting agencies. I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use.																
The second contract of the con																
Signed By: X						Date:										
Signed By: X									Da	ıte:						

- 8) Now, your customer can apply online to get the credit process started.
- 9) The documentation is done electronically through DocuSign and the entire process is fast and easy.

Congratulations, you are good to proceed! Contact us in case you need assistance on your request! The Delfin Industrial team is looking forward to assisting you with your requests.