



SPINETTI MACHINERY

SEPTEMBER FINANCING SPECIAL¹

63 months at 4.75%²

3 months at 0% followed by 60 months at a factor of .0189057*

*First payment due 30 days after signed delivery and acceptance. Promotional rate based on 63-month term. Financing, 3-month deferred financing, no money down and promotional rate is available to qualified buyers, is subject to collateral and credit approval, and is subject to change.¹

"App Only" offered up to \$350,000 for qualified customers.3

Apply Today
Complete, sign and submit a credit application.





contact

Ben Stodghill Senior Business Development Officer

Phone: 425.979.8780 (New) Cell: 206.948.0022

Address: 9310 NE 143rd St., Kirkland, WA 98034 Email: bstodghill@scottradebank.com



Lisa Heath Senior Inside Sales Specialist

Phone: 314.965.1555 x6610 Fax: 314.800.1199

Address: P.O. Box 31759, St. Louis, MO 63131 Email: Iheath@scottradebank.com

Special rates are effective from 9/1/2017 - 9/30/2017

visit: sbef.com

¹A signed and completed application must be received by Scottrade Bank Equipment Finance before a credit decision can be rendered. Additional information may be requested. Financing available to qualified applicants only. All terms, offers, rates and payment plans are subject to the underwriting and credit rules, policies and guidelines of Scottrade Bank Equipment Finance, which are determined by Scottrade Bank Equipment Finance in its sole discretion and are subject to change without notice. Nothing herein (including, without limitation, financing quotes) shall constitute an offer by Scottrade Bank Equipment Finance to extend credit to you or enter into any agreement with you. If we decide to extend credit to you, the terms and conditions thereof will be set forth in a final definitive agreement. ²An origination fee may be charged which is not included in this rate. ³For Fair Market Value transactions or transactions exceeding our application-only program thresholds, decisions typically require additional information, review and duration of up to a business week or more to approve. © 2017 Scottrade, Inc. All rights reserved. Scottrade Bank, the Scottrade Bank® logo and marks are the property of Scottrade, Inc. and its affiliates. Scottrade Bank Equipment Finance is a division of Scottrade Bank. Scottrade Bank are separate but affiliated companies and are wholly owned subsidiaries of Scottrade Financial Services, Inc. Brokerage products and services offered by Scottrade, Inc. - Member FINRA and SIPC. Deposit products and financing services offered by Scottrade Bank, Member FDIC. Financing available only upon approved credit.



Business Credit Application

Complete, Sign & Send to: Ben Stodghill

bstodghill@scottradebank.com 9310 N.E. 143rd St., Kirkland, WA 98034

Phone: 425.979.8780 | eFax: 314.800.1210

This application is not an offer by Scottrade Bank Equipment Finance to extend credit to you or enter into any agreement with you. If we determine to extend credit to you, the terms and conditions thereof will be set forth in a final definitive agreement. We may require individuals listed as Primary Principals to execute a guaranty. You authorize us to obtain and review these individuals' credit information for purposes of determining whether to extend credit. We reserve the right to request additional information from you regarding these individuals and any other disclosures made by you in this application.

			Compan	y Inform	ation						
Professional Corp Ltd	S-Corp Leg Partnership Liability Corp	al Business Na			ole):						
Description of Business:				ID:	Annual Gross Sales: Date		Date E	stablished:	Yrs. w/current owners:		
Business Street Address, City, State and ZIP Code:						County:			Incorp. Stat		
Contact Name & Title:				Office Fax:			Office Phone:				
Email:				Phone:	Location of Equipment (if different from above):				/e):		
		Ownershi	p (attach s	separate s	neet if neces	sary)					
Primary Principal's Full Name & Titl								% Ownership:			
Home Address:								Professional License #:			
Social Security #:	Date o	f Birth:	Email:	nail:					Phone:		
Primary Principal's Full Name & Title:									% Owne	% Ownership:	
Home Address:								Professi	Professional License #:		
Social Security #: Dat		Date of Birth: En		mail:					Phone:	Phone:	
Bank & Insurance Information											
				n Date: Loan Account #:			Loan Term (months) Loan Amount:				
Contact Name:	Contact Ph	one:	Checking Account #:			Insurance Agent: Agent Phone #:		Phone #:			
Vendor / Supplier Ec								ıipmer	it (attach quot	e if available)	
Business Name:				Business Phone:			Description:				
Contact Name:				Contact Phone:			Cost:				
Economic Justifi Financing Options									ification for thi	ication for this Purchase:	
Term Desired (months): Ar	nt: Purc	Purchase Option: \$1 10\% \text{FMV} \text{Loan} \text{Other}\$									
Credit Release Important Information About Opening An Account: Scottrade Bank Equipment Finance complies with Section 326 of the USA PATRIOT Act. To help the government fight the funding											
of terrorism and money laundering activit What this means for you: When you oper your driver's license or other identifying d Acknowledgement & Authorizations: E Bank Equipment Finance, its assigns, an and you expressly authorize bank and tramanufacturer, seller or distributor of any design, durability, suitability and/or fitness ECOA Notice: If your application for bus Scottrade Bank Equipment Finance, P.O reasons for the denial within 30 days of ron the basis of race, color, religion, natio income derives from any public assistant federal agency that administers compliar Scottrade, Inc. All rights reserved.	ies, federal law reqinan account, we wind account, we wind account with a signification of a references listered account and makes for a particular pusiness credit is denied. Box 31759, St. Le deceiving your requences originant account ac	uires all financial in lask for your nancu, the credit applior other investigather in the release so represental the release, you have the ruis, MO 63131-07 est for the statemental status, age (pruse the applicant unse the applicant	nstitutions tone, address, icant(s), cert titive agency e credit and i tition or warra n equipment. right to a writ 759, within 6 ent. The fede the a thas in good	o obtain, ver date of birtl ify that the i to investiga information nty whatsoe, ten stateme 0 days from eral Equal C applicant ha I faith exerc	ify, and recorcon, and other in information give the reference requested as power with respect the date you redit Opporturs sed any right	I information that formation that will en for credit purposes, statements a part of said investect to the condition iffic reasons for the reasons for the condition of our lity Act prohibits to enter into a bir under the Consur	identifies of allow us coses is truiting to the ruiting ation. Son, specific e denial. To decision. Sond continuous conti	each per to identifue and conformatic cottrade cations, community will will community be to protection to identify the community of the commun	ison who opens y you. We may a prect; you authon accompanyin Bank Equipmen peration, perform the statement, send you a writtiminating agains cause all or part on Act. For assis	an account. also ask to see rize Scottrade g this application; t Finance is not a nance, value, send a request to en statement of t credit applicants of the applicant's stance from the	
Authorized Departs Drinted Name 9, Title				Authorized Person's Signature						Signed	
Authorized Person's Printed Name 8		Authorized Person's Signature Date Signed									
			X								

Authorized Person's Signature

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