

Initial Information	
Name of the applicant/Company:	
Signature:	
Country:	
What is the shareholding structure of the business? Please explain or attach a document?	
What is the total amount of Walltopia products which you are interested to buy?	
What is the total investment in the project you apply with?	
Do you plan to use loans or any other bank funding for this project, how much?	
Please provide the name of banking institution or source of the loan:	
Has approval and / or absorption of funds for the above been received?	
What is the total amount that your company will pay directly to the Walltopia, outside of external financing?	
Please, describe the sources of your self-participation - shareholders, other loans, current sales, cash or bank accounts:	
What are the special payment terms you would like to apply under Walltopia Equipment Lease Program:	
Desired % of the contract <i>Please enter a number not higher than 70%</i>	
Desired term of the contract <i>Please enter a term not longer than 5 years</i>	
Please select the collateral you are willing to use for Walltopia Equipment Lease Financing Program (more than one option is possible):	
Personal guarantee from majority shareholder or another shareholder	<input type="checkbox"/>
Co-debtor guarantee	<input type="checkbox"/>
Security Interest/UCC Filing/Fixed charge/Floating Charge on	

Please, send the Application Form and all needed documents for Walltopia Equipment Lease Financing Program to leasing@walltopia.com.

the products	<input type="checkbox"/>
Other, please explain:	
Documents to be provided with the application form:	
Financial Statement of the last 2 years of the applicant	<input type="checkbox"/>
Tax return of the applicant	<input type="checkbox"/>
Business Plan of the new project	<input type="checkbox"/>
Credit Score Report for the majority owner or for the person signing the guarantee	<input type="checkbox"/>
Any other documents you may find relevant for your application in Walltopia Equipment Lease Financing Program	<input type="checkbox"/>

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