

INFORMATION OF THE APPLICANT						
Name	Register code	Field of activity	E-mail			
Legal address	Postal address		Number of employees			
CEO of the company	Phone	Fax				
Number of the account with TBB Pank			Monthly average turnover			
Accounts with other banks			Monthly average turnover			
INFORMATION OF THE OWNERS (over 10%)						
Name		Ownership, %	Name		Ownership, %	
_____		_____	_____		_____	
_____		_____	_____		_____	
SUBSIDIARY AND AFFILIATED COMPANIES						
yes <input type="checkbox"/>	List them _____					
no <input type="checkbox"/>						
EXISTING FINANCIAL OBLIGATIONS						
Type of obligation	Creditor	Amount	Outstanding	Final Maturity	%	Collateral
SALES						
Seller		Osalus, %	Seller		Osalus, %	
_____		_____	_____		_____	
_____		_____	_____		_____	
REQUIRED FINANCING						
Factoring limit		Currency	Advance payment rate		Interest rate	
Regress		Documents to be submitted		Contracts of purchase and sale with purchasers _____		
With regress _____ Without regress _____ Insurance _____		Audited annual report for the previous year _____ Balance sheet and income statement (as of the last quarter) _____				
FORECASTS OF THE APPLICANT						
Total turnover during the following 12 months		The average number of invoices per month		Number of purchasers		
Term of payment in days		The average sum of credit invoices per month		The average number of credit invoices per month		
<input type="checkbox"/> I confirm that I have reviewed the general terms and conditions of the bank and the Client Data Processing Principles, which are available on the website of the bank <a href="http://www.tbb.ee">www.tbb.ee</a>						
<input type="checkbox"/> I give my consent to the forwarding of my data to the third parties specified in the Client Data Processing Principles						
<input type="checkbox"/> I give my consent to the processing of the data and I am aware of the possibility to withdraw my consent						
<input type="checkbox"/> I would like to receive electronically additional information about the products and services of AS TBB pank and its partners and I give my consent to the sending offers						
<i>By signing this application I certify that all the information given above is correct and has a documentary evidence at bank's request.</i>						
Date " _____ " _____ y.		The enterprise representative's signature _____				
<i>When providing a false data, bank has the right to reject the loan application or terminate the existing agreement due to its breach.</i>						
FILLED BY AS TBB LIISING						
Application was accepted:		AS TBB Liising representative's name _____				
Date " _____ " _____ y.		AS TBB Liising representative's signature _____				
AS TBB Pank offices						
Vana-Viru kontor	Vana-Viru 7	15097	Tallinn	tel. (372) 6688 000	tel. (372) 6688 001	
Estonia pst. peakontor	Estonia pst. 3/5	10043	Tallinn	tel. (372) 6688 060	tel. (372) 6688 065	
Narva kontor	Kerese 4	20304	Narva	tel. (372) 3324 146	tel. (372) 6688 056	

PURCHASER (1)				
Name	Register code	Field of activity	E-mail	
Postal address		Bank information	Start of cooperation	
CEO of the company		Phone	Fax	
Average monthly turnover	Average invoice sum	Number of invoices per month	Desired limit	Term of payment (in days), conditions
PURCHASER (2)				
Name	Register code	Field of activity	E-mail	
Postal address		Bank information	Start of cooperation	
CEO of the company		Phone	Fax	
Average monthly turnover	Average invoice sum	Number of invoices	Desired limit	Term of payment (in days), conditions
PURCHASER (3)				
Name	Register code	Field of activity	E-mail	
Postal address		Bank information	Start of cooperation	
CEO of the company		Phone	Fax	
Average monthly turnover	Average invoice sum	Number of invoices	Desired limit	Term of payment (in days), conditions
PURCHASER (4)				
Name	Register code	Field of activity	E-mail	
Postal address		Bank information	Start of cooperation	
CEO of the company		Phone	Fax	
Average monthly turnover	Average invoice sum	Number of invoices	Desired limit	Term of payment (in days), conditions
PURCHASER (5)				
Name	Register code	Field of activity	E-mail	
Postal address		Bank information	Start of cooperation	
CEO of the company		Phone	Fax	
Average monthly turnover	Average invoice sum	Number of invoices	Desired limit	Term of payment (in days), conditions
PURCHASER (6)				
Name	Register code	Field of activity	E-mail	
Postal address		Bank information	Start of cooperation	
CEO of the company		Phone	Fax	
Average monthly turnover	Average invoice sum	Number of invoices	Desired limit	Term of payment (in days), conditions