



### ● **Business Information**

Legal Name of Company: \_\_\_\_\_

Business Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Equipment Location (If different than above): \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Web Address: \_\_\_\_\_

In Business Since: \_\_\_\_\_ Years Under Current Ownership: \_\_\_\_\_

Fed Tax ID #: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Sole Proprietorship    Partnership    Corporation    LLC    (circle one)

### ● **Principal / Owner Information**

Principal/Owner: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % Ownership: \_\_\_\_\_

Principal/Owner: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % Ownership: \_\_\_\_\_

### ● **Bank and Trade Information**

Business Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Check Acct #: \_\_\_\_\_ Loan Acct #: \_\_\_\_\_

Lease or Loan Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Account #: \_\_\_\_\_

Lease or Loan Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Account #: \_\_\_\_\_

### ● **Equipment to be Financed Information**

Equipment Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Equipment Description: \_\_\_\_\_ New    Used    Equipment Cost: \$ \_\_\_\_\_

Preferred Term: 36    48    60    Down Payment: \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

We authorize and request you and/or your agents and assigns and their affiliates to investigate our financial responsibility and creditworthiness and to share it and collection information with your other creditors. By signing this application we certify the information stated in this application is true and correct and authorize and request our references listed above to release to you any pertinent requested information.

Principal Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_