



● **Business Information**

Legal Name of Company: _____

Business Street Address: _____

City: _____ County: _____ State: _____ Zip: _____ Own? OR Rent?

Equipment Location (if different than above): _____

City: _____ County: _____ State: _____ Zip: _____ Own? OR Rent?

Contact Name: _____ E-Mail: _____ Cell Phone #: _____

Office Phone #: _____ Ext: _____ Web Address: _____

In Business Since: _____ Years Under Current Ownership: _____ #of Employees: _____

Fed Tax ID #: _____ State of Incorporation: _____

Sole Proprietorship Partnership Corporation LLC Type of Business: _____

● **Principal / Owner Information** (please use a 2nd application if more than 2 principals)

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: _____ Original Amount: _____

Lease or Loan Reference: _____ Original Amount: _____

● **Equipment to be Financed Information**

Equipment Supplier: _____ Contact: _____ Phone #: _____

Equipment Description (Attach quote if available): _____ New Used

Equipment Cost: \$ _____ Down Payment: \$ _____ Sales tax exempt on machinery?: Yes No

Term: 36 48 60 72 84 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: _____