



● **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 2<sup>nd</sup> 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. ***Please Note: We are unable to accept digital signatures. Please ink sign below. Thank you!***

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

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