

Fax completed application to: (877) 408-4636 For questions please call: (800) 266-3255

BUSINESS

EQUIPMENT FINANCE APPLICATION

| CUSTOMER (EXACT LEGAL NAME) | | | | | | DBA | DBA | | | | | | |
|---|---|--|-----------------------|---|--|--|--|--|--|--|--|---|--|
| STREET ADDRE | ESS (NO P.O. BOX | (ES) | | | CITY | | | STATE | ZIP | | FEDERAL TAX | ID NO. (IF ANY) | |
| PHONE NO. | | | | CELL NO. | | | | FAX NO. | | | | _ | |
| BUSINESS DES | CRIPTION | | YEARS IN B | BUSINESS | | YEARS UNDER CURRE | ENT OWNER | SHIP | | GROSS AN | NUAL SALES | | |
| CORPORATION PARTNERSHI | | | HIP SOLE PROPRIETOR | | | □rrc | STATE 8 | & DATE OF INCORPORATION | | ON | SALES TAX EXEMPT: Yes (Attach copy of certificate) | | |
| OWNE | RSHIP II | NFORMATIO | N | | | | | | | | | | |
| OWNER / PARTNER / MEMBER | | | | | | TITLE SO | | SOCIAL SECU | SOCIAL SECURITY NO. | | % OWNED | DATE OF BIRTH | |
| STREET ADDRESS | | | | | CITY | | | STATE ZIP | | | HOME PHONE NO. | | |
| OWNER / PARTNER / MEMBER | | | | | TITLE SO(| | SOCIAL SECU | URITY NO. | | % OWNED | DATE OF BIRTH | | |
| STREET ADDRESS | | | | | CITY | | | STATE ZIP | | | HOME PHONE NO. | | |
| NOTE: If | additiona | l partners/share | holders/ | /members p | lease includ | e like information | on seco | ond page | | [| | | |
| BANK | AND SEC | CURED LOAN | OR LE | EASE REFE | ERENCES | | | | | | | | |
| BANK NAME | | CONTACT | | | PHONE NO. | PHONE NO. | | | ACCOUNT NO. | | | | |
| BANK / FINANCE COMPANY | | CONTACT | | | PHONE NO. | PHONE NO. | | | ACCOUNT NO. | | | | |
| BANK / FINANCE COMPANY | | | CONTACT | | | PHONE NO. | PHONE NO. | | | ACCOUNT NO. | | | |
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| EQUIPI | MENT D | ESCRIPTION | / TERI | MS OF SA | LE / DEA | LER INFORMA | TION | | | | | | |
| EQUIPI EQUIPMENT DETAILS: | MENT D | ESCRIPTION MAKE | | MS OF SA | | LER INFORMA | TION | | DESCRIPTION | ON AND/OF | RATTACHMENTS | s | |
| EQUIPMENT DETAILS: | YEAR | 1 | M | | | NUMBER | TION | | DESCRIPTIO | | R ATTACHMENTS | | |
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