



Equipment Financing Application

BUSINESS INFORMATION			
Company Name:		Business Phone:	Business Fax:
Physical Address:		City:	State: Zip Code:
Years Under Ownership:	Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC		
Federal I.D. No.:		Date of Incorporation/Organization:	

OWNERSHIP INFORMATION			
1. Principal's Name:	Title:	Ownership %	SSN:
Business Phone:	Alternate Phone:	Fax Number:	E-mail Address:
Home Address:		City:	State: Zip Code:
2. Principal's Name:	Title:	Ownership %	SSN:
Home Address:		City:	State: Zip Code:

BANK INFORMATION			
Bank:	Phone Number:	Fax Number:	Checking Account Number:

CREDIT REFERENCES			
1. Company Name:	Contact Person:	Phone Number:	Account Number:
2. Company Name:	Contact Person:	Phone Number:	Account Number:

VENDOR AND EQUIPMENT INFORMATION (Attach Additional Equipment Separately)			
Vendor:		Contact Person:	Phone Number:
Address:		City:	State: Zip Code:
Equipment Description (Mfr/Model):		Qty:	Cost:
Equipment Description (Mfr/Model):		Qty:	Cost:
Equipment Description (Mfr/Model):		Qty:	Cost:
Location of Equipment: <input type="checkbox"/> Business address <input type="checkbox"/> Other (Specify Below)			Expected Delivery Date:

I (We) certify that the information provided is correct to the best of my (our) knowledge. I (We) understand that I (We) may be required to supply additional information and to provide security for the requested financing. I (we) agree and consent that dealer/broker/lender/lessor may obtain a credit report or and any other information relating to my (our) financial position. Any person or firm is hereby authorized to provide such information requested by dealer/broker/lender/lessor.

 Signature Title Date