



5805 State Bridge Road,G-283  
 Duluth, GA 30097  
 Fax 678.303.9389  
 Telephone 678.749.7448 ext 2

## COMMERCIAL EQUIPMENT FINANCING APPLICATION

### BUSINESS INFORMATION

Legal Name of Business Entity				Contact Person	Contact Person Business E-mail
Street Address	City	State	Zip	Ph #	Fax #
Federal Tax ID #	Nature of Business			Years in Business	Years Under Present Control
Legal Form of Business [check one]: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Trust					

### OWNERSHIP INFORMATION

Principal's Name	Title	% Ownership	Annual Salary	Home Ph #	Social Security #
Home Address	City	State	Zip	Own      Rent	Drivers License #
Principal's Name	Title	% Ownership	Annual Salary	Home Ph #	Social Security #
Home Address	City	State	Zip	Own      Rent	Drivers License #

### BANK INFORMATION

Bank	Branch	Ph #	Fax #
Contact Person	Checking Account #	Other Account #'s	Loan(s) Balance \$

### COMPARABLE CREDIT REFERENCES (EQUIPMENT FINANCING)

Company Name	Account #	Ph #	Contact Person
Company Name	Account #	Ph #	Contact Person
Company Name	Account #	Ph #	Contact Person

### EQUIPMENT AND VENDOR INFORMATION

Vendor	Ph #	Fax #			
Street Address	City	State	Zip	Contact Person	Contact Person Business E-mail
Equipment Description (attach invoice, proposal, spec. sheet, etc.)					
Cost of Equipment \$	Expected Delivery Date	Requested Lease Term in Months <input type="checkbox"/> 124 <input type="checkbox"/> 136 <input type="checkbox"/> 148 <input type="checkbox"/> 160		Other Requested Terms	

I (We) certify that the information provided herein is correct to the best of my (our) knowledge. I (we) understand that I (We) may be required to supply additional information and/or provide security for the requested financing in conjunction with the application. I (We) agree and consent that recipient, its agents or assigns may obtain credit reports and any other information relating to my (our) financial position(s). Any person or entity from whom such information is requested is hereby authorized to provide it to recipient, its agents or assigns.

<input checked="" type="checkbox"/>	Date:	<input checked="" type="checkbox"/>	Date:
Print Name and Title		Print Name and Title	