



# Equipment Financing Application

**FAX**  
toll-free (888) 391-6728  
**Phone**  
toll-free (800) 245-1213

## Company Information

Tax returns & financial info NOT required

Business Name		Address	
City		State	Zip
Phone		Fax	
Officer 1 Name	Title	SS #	Ownership %
Officer 2 Name	Title	SS #	Ownership %

## Bank Reference

Bank Name	Account #
Contact Person	Phone

## Borrowing Reference

Required for requests over \$75,000

Lender Name	Phone
Account #	Fax

## Equipment | Vehicles | Furniture | Software

\$ _____ Estimated Cost	<input type="checkbox"/> new <input type="checkbox"/> used	_____	Description
_____		_____	Seller Phone
<input type="checkbox"/> 24   -or- <input type="checkbox"/> 36   -or- <input type="checkbox"/> 48   -or- <input type="checkbox"/> 60 Desired Term (in months)		<input type="checkbox"/> \$1   -or- <input type="checkbox"/> 10%   -or- <input type="checkbox"/> FMV	Purchase Option

Signature below authorizes verification of credit information from whatever source deemed appropriate. Such authorization extends to obtaining business references as well as any/all individual credit report profiles from any national credit reporting agency, as well as authorizes banks, trade/borrowing references and financial institutions to release all credit information requested, and furthermore waives any potential right or claim they may have under the Fair Credit Reporting Act. A copy of this Credit Release Authorization is deemed to be the equivalent of the original.

Signature \_\_\_\_\_

Officer 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Officer 2 \_\_\_\_\_ Date \_\_\_\_\_