



Equipment Financing Application

Tax returns & financial info NOT required

EMAIL:
apply@crestcapital.com
FAX:
(888) 391-6728
PHONE:
(800) 245-1213

Company Information

Business Name		Website		
Street Address		City	State	Zip
Contact Person		Email		
Phone	Cell	Year Founded	Years Under Current Ownership	
Officer 1 Name	Title	SS #	Ownership %	
Officer 2 Name	Title	SS #	Ownership %	

Bank Reference

Bank Name	Account #
Contact Person	Phone

Equipment | Vehicles | Software

Seller Name		Seller Phone	
\$	<input type="radio"/> New <input type="radio"/> Used		
Estimated Cost	Equipment Condition	Equipment Location (if different than above)	
Description (attach Quote or Invoice if available)			
<input type="radio"/> 24	<input type="radio"/> 36	<input type="radio"/> 48	<input type="radio"/> 60
Term Requested (in months)		<input type="radio"/> \$1	<input type="radio"/> 10%
		<input type="radio"/> FMV	<input type="radio"/> Loan
		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