



Equipment Financing Application

EMAIL
apply@crestcapital.com
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

\$ new used

Estimated Cost

Description

Seller Name

Seller Phone

24 -or- 36 -or- 48 -or- 60

\$1 -or- 10% -or- FMV

Desired Term (in months)

Purchase Option

Signature below authorizes Crest Capital (and its affiliates or agents) to verify business and personal credit information from any source deemed appropriate for the purpose of evaluating this commercial financing request. This authorization includes, but is not limited to, obtaining references from banks, trade/borrowing sources, and accessing credit reports from national credit reporting agencies. By executing this application, the undersigned affirms that any listed principals or guarantors have provided their consent to Crest Capital to investigate their creditworthiness solely in connection with this business transaction, and not for consumer or personal credit. A copy or electronic version of this credit release shall be treated as the original.

Signature

Signature

Officer 1

Date

Officer 2

Date