



# APPLICATION STATEMENT

## BUSINESS INFORMATION

Name of Business		DBA	Federal ID #		
Billing Address		City	County	State	Zip
Phone # ( )	Cell # ( )	Fax # ( )	Contact Person/Title		E-mail Address
Nature of Business		Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		Years in Business: _____ US Citizen Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

## PERSONAL GUARANTOR

Name (First/MI/Last)	Title	% Ownership	Social Security #	DOB	Gross Income	
Home Address	City	State	Zip	Phone #		
Time at Present Address Years      Months	Residence Type <input type="checkbox"/> Own Outright <input type="checkbox"/> Renting/Leasing <input type="checkbox"/> Buying <input type="checkbox"/> Family <input type="checkbox"/> Other	Monthly Payment	Present Employer	Job Title	Time at Job Years      Months	Work Phone #
Name	Title	% Ownership	Social Security #	DOB	Gross Income	
Home Address	City	State	Zip	Phone #		
Time at Present Address Years      Months	Residence Type <input type="checkbox"/> Own Outright <input type="checkbox"/> Renting/Leasing <input type="checkbox"/> Buying <input type="checkbox"/> Family <input type="checkbox"/> Other	Monthly Payment	Present Employer	Job Title	Time at Job Years      Months	Work Phone #

## Equipment to be Financed or Leased (Attach Quote or Invoice if available)

Description: (include make, model & serial #'s and any attachments)

**TBD - Per Estimate**

## TRADE REFERENCES (If Applicable)

Name of Supplier	City/State	Phone # ( )	Contact Person
Name of Supplier	City/State	Phone # ( )	Contact Person

## COMPANY BANK REFERENCES

Name of Bank	Phone # ( )	Contact Person
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### Consumer Notice:

To obtain the credit requested, I certify that the above information is true and complete to the best of my knowledge & that I have attained the age of majority. I authorize to check my employment status and history and to obtain my credit history from credit reporting agencies. If credit is extended and my installment contract is assigned, I authorize any party servicing or collecting my installment contract to verify my employment status, income and any related information available through my employers and to provide my employers with a copy of this authorization, except to the extent expressly prohibited by applicable law. I expressly consent any party servicing or collecting my installment contract may use prerecorded voice messages, text messages & an automatic dialing system while servicing or collecting my installment contract as allowed by law. I also agree that any party servicing or collecting my installment contract may use any telephone number I provide including any number provided on this application even if that number is for a cellular telephone which may result in charges to me. This authorization remains in effect until the balance on my installment contract is paid in full. You (1) Make the above representation, which are certified correct, for the purposes of securing credit; (2) authorize us affiliated entities, and financial institutions to whom we submit your application (hereafter "Financial Institutions") to obtain consumer credit reports and to gather employment history as necessary and appropriate to determine your credit worthiness; (3) understand that we or the financial institution will retain this application whether or not it is approved, and that it is your responsibility to update change of name, address and employment.

You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to the financial institutions name below or to other financial institutions.

Financial Institution(s):  
Address(es):

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_