

2011 Clarice Street, Suite 2 Doniphan, NE 68832

(866)-994-9774

EQUIPMENT FINANCING APPLICATION

BUSINESS INFORMATION									
Business Legal Name:		Time in business :		Federal ID Number					
		State of Incor	poration :						
Business Address	City/County State		Zip	Business Phone Number					
Type Of Ownership:	E Mail address :		Type Of Business:	Business Fax Number					
DPartnership DLLC									
DProprietorship DCorporation				()					

PRINCIPAL INFORMATION (100% Ownersh	ired to guaranty lease.)				
Name (First-Middle-Last) Please Print	Date of Birth	Title	% Ownership	Social Security Number	
Present Address			<u> </u>	Home Phone Number ()	
Name	Date of Birth	Title % Owr	nership	Social Security Number	
Present Address				Home Phone Number ()	

BANK/CHECKING & SAVINGS (If check acct. less than 2 years; provide previous acct. number/bank)									
Bank	Phone	Fax	Officer	Acct#		How Long	СК	SV	CD
Bank	Phone	Fax	Officer	Acct#		How Long	СК	SV	CD

EQUIPMENT LOANS/LEASES (Open or Paid)										
Firm Name	Phone	Fax	Ac	ct#			High C	redit	How	Long
TRADE REFERENCES										
Firm Name	Phone	Fax	Ac	ct#			High C	redit	How	Long
Firm Name	Phone	Fax	Ac	ct#			High C	redit	How	Long
EQUIPMENT INFOR	MATION									
VENDOR NAME/PHONE										
DESCRIPTION:					NEW	OR	USED			
WHERE WILL EQUIPMEN										
TERM REQUESTED:	24 MOS	36 MOS	48 MOS	60 MOS	PU	IRCHAS	SE OPTION:	FMV/10 ⁴	% OR	\$1.00
The undersigned individual who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes us or our designee the use of a consumer credit report on the undersigned, from time to time as may be needed, as well as the release of any and all information requested for the purpose of granting business credit. A Photocopy of this release will act as an original. Date of birth is now required by the Patriot Act.										
BY:				דוד	ΓLE:					
BY:				TIT	TLE:					