



Equipment Financing Application

BUSINESS INFORMATION

FULL LEGAL NAME (INCLUDE DBA IF APPLICABLE)			PHONE #		FAX #	
BILLING STREET ADDRESS		CITY		COUNTY	STATE	ZIP
EQUIPMENT LOCATION - STREET ADDRESS (IF DIFFERENT THAN ABOVE)		CITY		COUNTY	STATE	ZIP
LEGAL BUSINESS STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP			TAX ID#			
BUSINESS START DATE (MM/YYYY)	INDUSTRY START DATE (MM/YYYY)	BUSINESS DESCRIPTION		SALES LAST YEAR \$	PROJECTED NEXT YEAR SALES \$	
HOW DID YOU HEAR ABOUT US?		WEBSITE ADDRESS		AGERO PROVIDER #		

OWNER INFORMATION

APPLICANT NAME (PRINCIPAL/PARTNER/OFFICER)			% BUSINESS OWNED	DATE OF BIRTH	SOCIAL SECURITY #
PHONE #	MOBILE PHONE #	EMAIL ADDRESS			
HOME STREET ADDRESS		CITY		STATE	ZIP
CONTINUED EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME VALUE \$	MORTGAGE BALANCE \$		
CO-APPLICANT NAME			% BUSINESS OWNED	DATE OF BIRTH	SOCIAL SECURITY #
PHONE #	MOBILE PHONE #	EMAIL ADDRESS			
HOME STREET ADDRESS		CITY		STATE	ZIP
CONTINUED EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNS HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME VALUE \$	MORTGAGE BALANCE \$		

EQUIPMENT INFORMATION

TOTAL ESTIMATED COST OF EQUIPMENT \$	EQUIPMENT MAKE	EQUIPMENT MODEL	ADDITIONAL EQUIPMENT DESCRIPTION
SUPPLIER/VENDOR COMPANY NAME	SUPPLIER/VENDOR SALESPERSON	PHONE #	EMAIL ADDRESS

DESIRED FINANCING TERMS

DOWN PAYMENT \$	LENGTH OF TERM (# OF MONTHS)	MONTHLY PAYMENT AMOUNT \$
ADDITIONAL COLLATERAL		

CERTIFICATION

The applicant(s) certify that all information contained in this application, and all attachments hereto, are true and complete to the best of the applicant(s) knowledge, and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorizes Loanviser and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now, from time to time, and at any time in the future, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorizes any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) to Loanviser and/or its assigns. The applicant(s) hereby authorizes Loanviser and any assignee, lender or funding service to request and obtain individual or business tax transcript(s) from the IRS via IRS Form 4506-T and confirms that all declarations made within the 4506-T "Signature of taxpayer(s)" section are true and accurate. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimile signature shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. A non-refundable documentation fee will be required for the preparation and distribution of contract documents.

APPLICANT NAME (PLEASE PRINT)	DATE	CO-APPLICANT NAME (PLEASE PRINT)	DATE
APPLICANT SIGNATURE		CO-APPLICANT SIGNATURE	