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Financing Provided By:  
**Archer Capital**  
 Steve Elliott

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 Steve.Elliott@Archer-Capital.com

**COMPANY INFORMATION**

Corporate Name			DBA Name (if different)		
Address				Vendor Information  Amount                      New or Used Equipment Description	
City	State	Zip			
Contact Person	Telephone	Fax			
Nature of Business	EIN	Years in Business			
Location of Equipment (if different than above)				Email Address	

**PERSONAL INFORMATION FOR ALL OWNERS, OFFICERS AND GUARANTORS**

Name	Title	Social Security Number	% Ownership
Street Address	City	State    Zip	Cell/Home Phone
Name	Title	Social Security Number	% Ownership
Street Address	City	State    Zip	Cell/Home Phone
Name	Title	Social Security Number	% Ownership
Street Address	City	State    Zip	Cell/Home Phone
Name	Title	Social Security Number	% Ownership
Street Address	City	State    Zip	Cell/Home Phone

Credit Authorization: I/We hereby authorize Archer Business Capital, LLC., its designee, assigns or potential assigns to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors X	Date
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