

Empire Financial Funding, Inc.

Equipment Leasing & Funding

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Business Legal Name:		DBA Name (if any):	
Street Address:		Federal Tax ID:	
City/State/Zip Code:		Date Business Started: (mm/yyyy):	
Phone:	Fax:	Contact:	
Ö ã Á type:		E-Mail:	
Bank Name	Checking Account #	Phone	Contact Name

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Principal Name(s)	1.	2.	3.
Title(s):			
Contact Number:			
% Ownership:			
Social Security #:			
Signature:			

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Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing as principal authorizes lender or any other lending sources to obtain information from the references listed below and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

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Name of Lender/Lessor	Phone	Account #

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Vendor	Vendor Contact Name	Vendor Phone

Equipment Description:

Equipment Location:

(If different from above)

Equipment Cost:	Preferred Lease Term: (Months)	Term Option:

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Signature of Applicant:	Date: