

RIVER ROCK FINANCIAL SERVICES, INC.

Business Name _____ Address _____

City _____ County _____ State _____ Zip _____

Proprietorship _____ Partnership _____ Corporation _____ State of INC _____

Social Security # _____ Fed ID # _____ DOB _____

Email _____ Home Owner _____

Type of Business _____ # Years in Business _____ # Years CDL _____

Business Phone _____ Cell: _____ Fax _____

MC # _____ DOT # _____ IRP # _____

Principals: (President or Owner)

Lessee Name & Title

Home Address & Zip

Description of Equipment _____

Amount \$ _____ Quantity _____ New _____ Used _____

Terms _____

Vendor Information:

Name

Address (City & State)

Contact

Phone

Bank Information:

Bank _____

Bank _____

Acct # _____

Acct # _____

Phone _____

Phone _____

Officer to Contact _____

Officer to Contact _____

The undersigned represents that all information provided with this Application is true and correct. By signing below, the undersigned individual as principal and or guarantor for the applicant, authorizes River Rock Financial, its designees, assignee, or potential assigns, or any lending source to whom this application is submitted ("You") to review or obtain his/her personal and/or business credit information from any source including credit bureau reporting agencies and financial institutions for the purposes of updating, renewing, or extending credit or the collection of any resultant accounts. Additionally, this authorization permits You to share and exchange information and to request, obtain and review bank, financial or other information from past, present, or potential creditors. A fax or photocopy of this authorization shall be valid as the original.

SIGNATURE _____ **DATE** _____

SUBMIT TO: RAY BROOKINGS - Phone: 972.467.3342 - Fax: 888-423-5973

Email: rayriverrock@gmail.com