

RIVER ROCK FINANCIAL SERVICES, INC.

SUBMIT TO: **Jeremy Baker** - Phone 501-882-6463 - Fax 501-325-2445
Email: jeremyriverrock@yahoo.com

Business Name _____ Address _____
City _____ County _____ State _____ Zip Code _____
Proprietorship _____ LLC _____ Partnership _____ Corporation _____ State of Inc _____
Social Security # _____ Fed ID# _____
E-Mail Address _____ DOB _____
Business Phone _____ Cell _____ Fax _____
Type of Business _____ Years in Business _____ Home Owner _____
MC# _____ DOT# _____ IRP# _____

Principals: (President or Owner) # Years CDL Lic _____
Lessee Name & Title Home Address & Zip

Description of Equipment _____

Amount \$ _____ Quantity _____ New _____ Used _____ Buy Out _____ Terms(mos) _____

Vendor of Equipment to be leased:

Name Address (City & State) Contact Phone

Bank Information:

Bank _____ Bank _____
Acct# _____ Acct# _____
Phone _____ Phone _____

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 _____