

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:

<u>Name</u>	<u>Address (City & State)</u>	<u>Contact</u>	<u>Phone</u>
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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: STEPHANY BEENE - Phone: 870-543-0015

Email: sbeene@riverrockfinance.com