

CREDIT APPLICATION



RMK Capital, LLC
404 N. Castle Heights Ave.
Suite E
Lebanon, TN 37087
T: 615-547-4100
F: 615-777-4636

PLEASE FAX APPLICATION to 615-777-4636 or EMAIL rmkcapitalllc@gmail.com

Equipment Vendor Name _____

Phone _____ Sales Contact _____

Sales Contact Email _____

EXACT LEGAL COMPANY NAME _____

ADDRESS _____ BUSINESS TYPE _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ FEDERAL TAX ID# _____

CONTACT PERSON _____ EMAIL _____

CORPORATION PARTNERSHIP LLC SOLE PROPRIETOR CONTACT CELL PHONE _____

STATE OF INCORPORATION (If not sole proprietor) _____ YEAR BUSINESS STARTED _____ YEARS CURRENT OWNERSHIP _____

EQUIPMENT LOCATION ADDRESS, if different than above _____

1. OWNER/OFFICER NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SOCIAL SECURITY # _____ PERCENT OF OWNERSHIP _____%

2. OWNER/OFFICER NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SOCIAL SECURITY # _____ PERCENT OF OWNERSHIP _____%

EQUIPMENT DESCRIPTIONS _____ NEW USED

DESIRED TERM 36 48 60 72 months EQUIPMENT COST \$ _____ YEAR MANUFACTURED _____

BANK/FINANCE REFERENCE

BANK NAME _____ PHONE _____

OFFICER _____ CHECKING ACCT # 1 _____ BALANCE _____

LOAN REFERENCE FUNDER _____ PHONE _____ ACCT # _____

KEY COMPANY CONTACTS

NAME & TITLE _____ EMAIL _____ CELL # _____

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NAME & TITLE _____ EMAIL _____ CELL # _____

Applicant hereby authorizes **RMK Capital, LLC** and it agents and/or assigns to (1) obtain more credit information about the Applicant and its principals and/or co-owners and to make inquiries in connection with the Application; (2) to share credit information with **RMK Capital, LLC** company's agents and/or assigns, as well as Applicant's other creditors, bureaus and person who have, expect to have financial dealings with the Applicant or its principals named above; (3) to share collection information with Applicant's other creditors. All the information in this Application is true, complete and correct. The person(s) signing below on behalf of Applicant is authorized to make this application on its behalf and agrees to the foregoing, and also has the authority to act for Applicant's principals and co-owners in instructing **RMK Capital, LLC** and it agents and/or assigns to obtain credit reports on them.

Signed _____

Signed _____

Print Name _____

Print Name _____

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