# Equipment Finance/Lease Application

Please scan and email to: dan@indyconsultinggroup.com

## CORPORATE INFORMATION:

COMPANY _____

DBA NAME _____

STREET _____

CITY _____ STATE _____

CONTACT _____ ZIP _____

PHONE _____ FAX _____

☐ CORPORATION  ☐ PROPRIETORSHIP  ☐ PARTNERSHIP  ☐

DATE ESTABLISHED _____ TYPE OF BUSINESS _____ FED TAX ID # _____

## VENDOR INFORMATION:

VENDOR NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____

FAX # _____

SALES REP _____

## EQUIPMENT INFORMATION:

EQUIPMENT COST
*(excluding sales tax)* _____ TERM _____ OPTION _____

EQUIP. LOCATION
*(if different from above)* _____ COUNTY _____

EQUIPMENT DESCRIPTION
*(mfg./make/model)* _____

## TRADE REFERENCES: (NO C.O.D. ACCOUNTS, PLEASE)

COMPANY _____ CONTACT _____ PHONE _____

COMPANY _____ CONTACT _____ PHONE _____

COMPANY _____ CONTACT _____ PHONE _____

## BANK REFERENCE: (Provide at least 2 year history)

BANK _____

ACCT. # _____

CONTACT _____

PHONE _____

*(if account less than 2 years please provide previous bank information)*

## CREDIT REFERENCE (LEASE OR LOAN ACCOUNT):

BANK _____

ACCT. # _____

CONTACT _____

PHONE _____

*(Provide only if requested amount is over $50,000.00)*

## OWNER / STOCKHOLDER INFORMATION:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

TITLE _____ SS# _____

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

TITLE _____ SS# _____

## AUTHORIZATION TO RELEASE INFORMATION:

By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written instruction to Creative Business Finance, LLC, it's assigns or nominees, authorizing review of his/her personal and/or business credit profile from a national credit bureau.  Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account.  A Photostat, scanned or facsimile copy of this authorization shall be valid as the original.  By signing below, I/we affirm our identity as the respective individuals identified in the related application. Use additional sheets if necessary. Rates, terms and conditions will be returned to you within 4 hours, unless further documentation is necessary. Please use additional copies for multiple owners of the company.

APPLICANT SIGNATURE _____ DATE _____