KABOT COMMERCIAL LEASING

PO BOX 271826 FORT COLLINS CO 80527 USA

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tkabot@lease-it.com

www.K2FundingGroup.com

CREDIT APPLICATION

LEGAL BUSINESS NAME _____

DBA _____ ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

PHONE #_____ EMAIL _____

STREET ADDRESS_____

MAILING ADDRESS _____

CITY _____ STATE_____ ZIP CODE_____ COUNTY _____

FEDERAL TAX ID _____ NUMBER OF YEARS & MONTHS IN BUSINESS _____

NATURE OF BUSINESS _____ WITHIN CITY LIMITS? Y N

NAME_____ TITLE _____ % OF OWNERSHIP _____

EMAIL _____

SOCIAL SECURITY #_____ MOBILE PHONE # _____

HOME ADDRESS_____ CITY _____STATE _____ ZIP _____ ☐OWN ☐ RENT

NAME_____ TITLE _____ % OF OWNERSHIP _____

EMAIL _____

SOCIAL SECURITY #_____ MOBILE PHONE # _____

HOME ADDRESS_____ CITY _____STATE _____ ZIP _____ ☐OWN ☐ RENT

SUPPLIER & EQUIPMENT

SUPPLIER NAME _____ AMOUNT FINANCED _____

ADDRESS _____

EMAIL _____PHONE #_____

TYPE OF EQUIPMENT_____

BUSINESS BANKING INFORMATION

NAME OF BANK_____ PHONE # _____

ACCOUNT #1_____ ACCOUNT #2 _____

PLEASE READ & SIGN By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction and authority to Kabot Commercial Leasing LLC dba K2 Funding Group or its Designee as well as and in addition to any assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo static or electronic copy of this authorization shall be valid as the original.

Signature :**X**_____

Name (please print): _____

Date: _____

Signature: **X**_____

Name (please print)_____

Date:_____