RONIN FINANCIAL

1 MINUTE FINANCING APPLICATION

COMPANY INFORMATION

Co-Owner Signature:

Name of Business (Legal Name)			Business Phone Number		
Business Street Address			Cell Phone Number		
City	State	Zip:	Email		
Date Business Established			Authorized Signature Title		
Tax I.D.No.	If MD Licen	se #	Type of Business? Sole Prop.	LLC	Corporation
PERSONA	AL INFORMA	TION			
Owner Name:				DOB:	
SSN #			Ownership % :		
Full Address :					
Co-Owner:				DOB:	
SSN #			Ownership % :		
Full Address					
VENDOR	& TERMS				
Vendor			Finance Amount	Equipment	
Vendor Phone Number			Term Requested		
The undersigned represents	that this application is far financing for h	puringer purposes only and all i	nformation provided with this Application i		ew Used
Financial Group and its designate bureaus and other third par applicant and undersigned in considering this Application	nees, representatives, assigns or potential ties and share information any of them d ndividuals as principal or and/or guaranto and for the purpose or update, renewal, or	assigns and its and their affilia eems necessary to arrive at a d for the applicant, authorizes al extension of credit to the Applic	tes or any lending source to whom this application lecision regarding this Application, including I such Creditors to review and share its/his/h- cant, or the collection of any resultant accour present or potential Creditors, authorize all of the control of	cation is submitted (collectiv g credit and criminal backgro ner personal credit profile pro nts. Additionally, this authoriz	ely "creditors") to obtain from credit ound checks. By signing below, the vided by a national credit bureau in ation permits Creditors to share and
by telephone or fax. A photogoinclude driver's license or oth the statement, please contact you: written statement of re	copy or fax of this authorization shall be val ner documents, to identify you. Adverse Ac to our customer service department at Ron hasons for denial within 30 days of receivin	id as the original. To help fight t tion/ECOA this application for b in LLC within 60 days from the g your request for the statemer	errorism and money laundering, Federal Lav pusiness financing is denied, you have a righ date you are notified of our decision. Our ma nt. The federal Equal Credit Opportunity Act	v requires banks to verify the t to a written statement spec illing address is 666 W 18th St prohibits creditors from disc	nformation you provide, which may ific reasons for the denial. To obtain Costa Mesa, CA 92627. We will send riminating against credit applicants
any public assistance progra		ith exercised any right under th	has the capacity to enter into a binding con ne Consumer Credit Protection Act. The fede		
Owner Signature:			Date:		

Date: