

Empire Financial Funding, Inc.

Equipment Leasing & Funding

Express Lease Application

Please e-mail completed application to info@empirefinancialfunding.com or fax to 973.366.7301

Customer Information

Business Legal Name:		DBA Name (if any):
Street Address:		Federal Tax ID:
City/State/Zip Code:		Contact Name:
Phone:	Fax:	Contact Cell Phone:
Business Type:	Date Business Started: (mm/yyyy):	E-Mail:
Business Description:		Website:

Principal Information

Principal Name:	1.	2.	3.
Title(s):			
Contact Number:			
% Ownership:			
Social Security #:			
Signature:			

Credit Release

Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing as principal authorizes lender or any other lending sources to obtain information from the references listed below and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Debt References

Name of Lender/Lessor	Phone	Account #

Equipment Information

Vendor	Vendor Contact Name	Vendor Phone
Equipment Description:		
Equipment Location: (if different from above)		
Equipment Cost:	Preferred Lease Term: (Months)	Term Option:

Authorization

Signature of Applicant:	Date: