



BORROWER INFORMATION

COMPLETE LEGAL NAME OF BUSINESS		DATE BUSINESS STARTED	SOLE PROP. LLC NON-PROFIT		
TRADE NAME			"S" CORP. "C" CORP. PARTNERSHIP		
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	COUNTY
PHYSICAL ADDRESS OF EQUIPMENT (if different from above)		CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	FAX NUMBER	CONTACT PERSON		FEDERAL TAX ID #	
E-MAIL ADDRESS	CELL PHONE NUMBER	OWNS OTHER BUSINESS YES NO			

VENDOR/EQUIPMENT INFORMATION

SUPPLIER NAME	ADDRESS	STATE	ZIP CODE	CONTACT
PHONE	EQUIPMENT DESCRIPTION			APPROXIMATE COST \$
LEASE/FINANCE TERM IN MONTHS 24 36 48 60 72	RESIDUAL (check one) \$1.00 10% FMV	AGE OF EQUIPMENT NEW USED		SUPPLIER E-MAIL

OWNER/STOCKHOLDER INFORMATION

PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY NUMBER		E-MAIL
HOME ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY NUMBER		E-MAIL
HOME ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE NUMBER

BANK REFERENCE

BANK NAME	ACCOUNT NUMBER	CONTACT	PHONE NUMBER
BANK NAME	ACCOUNT NUMBER	CONTACT	PHONE NUMBER

LEASE/LOAN REFERENCE

CREDITOR	ACCOUNT NUMBER	CONTACT	PHONE NUMBER
CREDITOR	ACCOUNT NUMBER	CONTACT	PHONE NUMBER

TRADE/SUPPLIER REFERENCE

COMPANY NAME	ACCOUNT NUMBER	CONTACT	PHONE NUMBER
COMPANY NAME	ACCOUNT NUMBER	CONTACT	PHONE NUMBER

AUTHORIZATION TO RELEASE INFORMATION: In connection with the above referenced financing application, each of the undersigned authorizes Baron Business Lending or its assignees to make all inquiries it deems necessary to verify the accuracy of the information provided by the undersigned including, but not limited to consumer credit reports, banking, borrowing and trade information. The undersigned further states that the information contained in the application is true and correct.

BY: _____ Date: _____
OWNER/STOCKHOLDER (legal signature)

BY: _____ Date: _____
OWNER/STOCKHOLDER (legal signature)

PRINT NAME _____

PRINT NAME _____