

Charlie Hanavich - Ext. 125  
1- (800) 245-1213



FAX to Credit Dept.  
1- (888) 391-6728

**APPLICATION ONLY | EQUIPMENT FINANCE**  
(Tax Returns & Financial Information NOT required)

Business Name		Address	
City	State	Zip	
Phone		Fax	
Officer 1 Name	Title	SS #	Ownership %
Officer 2 Name	Title	SS #	Ownership %

**BANK REFERENCE**

Bank Name	Account #
Contact Person	Phone

**BORROWING REFERENCE**  
(Required over \$100,000)

Lender Name	Phone
Account #	Fax

**EQUIPMENT | VEHICLES | FURNITURE | SOFTWARE**

\$ _____	<input type="checkbox"/> new <input type="checkbox"/> used	_____
Estimated Cost		Your E-Mail Address
_____		_____
Seller Name		Seller Phone
_____		_____
Description		
<input type="checkbox"/> 24 -OR- <input type="checkbox"/> 36 -OR- <input type="checkbox"/> 48 -OR- <input type="checkbox"/> 60	<input type="checkbox"/> \$1 -OR- <input type="checkbox"/> 10% -OR- <input type="checkbox"/> FMV	
Desired Term (in months)	Purchase Option	

Signature below authorizes verification of credit information from whatever source deemed appropriate. Such authorization extends to obtaining business references as well as any/all individual credit report profiles from any national credit reporting agency, as well as authorizes banks, trade/borrowing references and financial institutions to release all credit information requested, and furthermore waives any potential right or claim they may have under the Fair Credit Reporting Act. A copy of this Credit Release Authorization is deemed to be the equivalent of the original.

Signature: \_\_\_\_\_  
X \_\_\_\_\_  
Officer 1 Date

Signature: \_\_\_\_\_  
X \_\_\_\_\_  
Officer 2 Date