

# FINANCE APPLICATION

626 Jacksonville Road, Suite 125, Warminster, PA 18974 | Phone 800.635.3273 | Fax 888.810.4200



## BUSINESS INFORMATION

- SOLE PROPRIETOR
- PARTNERSHIP
- "S" CORP
- "C" CORP
- LLC
- NON-PROFIT

LEGAL BUSINESS NAME				
TYPE OF BUSINESS		YEARS IN BUSINESS	FED TAX ID NUMBER	
BUSINESS ADDRESS		CITY	STATE	ZIP
PHONE	FAX	ANNUAL SALES	BUS NET INCOME	BUS. NET EQUITY
HAS THE BUSINESS OR ANY PRINCIPAL EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO				

## PRINCIPALS

NAME	TITLE	SOCIAL SECURITY NUMBER	PERSONAL NET INCOME	OWNERSHIP %
HOME ADDRESS		CITY	STATE	ZIP
NAME	TITLE	SOCIAL SECURITY NUMBER	PERSONAL NET INCOME	OWNERSHIP %
HOME ADDRESS		CITY	STATE	ZIP

## BANK REFERENCES

NAME OF BANK	ACCOUNT NUMBER	AVG. BALANCE	CONTACT	PHONE
ADDITIONAL   PREVIOUS BANK	ACCOUNT NUMBER	AVG. BALANCE	CONTACT	PHONE

## LOAN | LEASE REFERENCES

LOAN REFERENCE	PHONE	ACCOUNT NUMBER
LOAN REFERENCE	PHONE	ACCOUNT NUMBER

## TRADE REFERENCES

TRADE REFERENCE	PHONE	ACCOUNT NUMBER
TRADE REFERENCE	PHONE	ACCOUNT NUMBER

## EQUIPMENT TO BE FINANCED

SUPPLIER NAME	CONTACT	PHONE	FAX
EQUIPMENT DESCRIPTION	<input type="checkbox"/> NEW <input type="checkbox"/> USED	MODEL YEAR (IF USED)	
EQUIPMENT LOCATION	COST OF EQUIPMENT		

## COMPLETE, SIGN AND FAX TO 888.810.4200

**AUTHORIZATION TO CHECK CREDIT** I hereby certify that the information in this credit application is correct. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Capital Innovations, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Capital Innovations, Inc. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE	DATE
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