

# EQUIPMENT LEASING APPLICATION

**PLEASE FAX TO: (815) 301-9655**

Also may be scanned and emailed to: [Info@CreativeBusinessFinance.com](mailto:Info@CreativeBusinessFinance.com)

CORPORATE INFORMATION:		VENDOR INFORMATION:	
COMPANY _____	_____	VENDOR NAME _____	_____
DBA NAME _____	_____	STREET _____	_____
STREET _____	_____	CITY _____	STATE _____ ZIP _____
CITY _____	STATE _____	PHONE _____	_____
CONTACT _____	ZIP _____	FAX # _____	_____
PHONE _____	FAX _____	SALES REP _____	_____
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> _____
DATE ESTABLISHED _____	TYPE OF BUSINESS _____	FED TAX ID # _____	_____
EQUIPMENT INFORMATION:			
EQUIPMENT COST <small>(excluding sales tax)</small> _____	TERM _____	OPTION _____	_____
EQUIP. LOCATION <small>(if different from above)</small> _____	_____	COUNTY _____	_____
EQUIPMENT DESCRIPTION <small>(mfg./make/model)</small> _____	_____	_____	_____
TRADE REFERENCES: (NO C.O.D. ACCOUNTS, PLEASE)			
COMPANY _____	CONTACT _____	PHONE _____	_____
COMPANY _____	CONTACT _____	PHONE _____	_____
COMPANY _____	CONTACT _____	PHONE _____	_____
BANK REFERENCE: (Provide at least 2 year history)		CREDIT REFERENCE (LEASE OR LOAN ACCOUNT):	
BANK _____	_____	BANK _____	_____
ACCT. # _____	_____	ACCT. # _____	_____
CONTACT _____	_____	CONTACT _____	_____
PHONE _____	_____	PHONE _____	_____
<small>(if account less than 2 years please provide previous bank information)</small>		<small>(Provide only if requested amount is over \$50,000.00)</small>	
OWNER / STOCKHOLDER INFORMATION:			
NAME _____	_____	NAME _____	_____
STREET _____	_____	STREET _____	_____
CITY _____	STATE _____	ZIP _____	CITY _____
STATE _____	ZIP _____	STATE _____	ZIP _____
TITLE _____	SS# _____	TITLE _____	SS# _____
AUTHORIZATION TO RELEASE INFORMATION:			
<p>By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written instruction to Creative Business Finance, LLC, it's assigns or nominees, authorizing review of his/her personal and/or business credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A Photostat, scanned or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in the related application. Use additional sheets if necessary. Rates, terms and conditions will be returned to you within 72 hours maximum, unless further documentation is necessary.</p>			
APPLICANT SIGNATURE _____	_____	DATE _____	_____