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 Phone (505) 797-7141 ~ Fax (866) 865-6836

Tell us about your company...					
FULL LEGAL BUSINESS NAME			ANY DBA'S OR TRADE NAMES?		
MAILING ADDRESS		CITY	STATE	ZIP	
TELEPHONE	FAX	FEDERAL TAX ID NO.	SIC CODE	E-MAIL ADDRESS	
PHYSICAL ADDRESS WHERE EQUIPMENT WILL BE LOCATED		WHAT DOES YOUR COMPANY DO?			
HOW LONG ESTABLISHED UNDER PRESENT MANAGEMENT?	IS THE COMPANY A: <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		WHO SHOULD WE SPEAK WITH FOR ADDITIONAL INFORMATION?		
IS THE COMPANY PREMISES: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED					
WHO IS THE MORTGAGE HOLDER / LANDLORD? NAME			PHONE		
WHO IS YOUR COMPANY'S INSURANCE AGENCY?					
AGENCY		ADDRESS		PHONE	
Tell us about the company principals/owners... (We must have information on principals who comprise majority ownership)					
LEGAL NAME OF PRESIDENT/PARTNER/OWNER	% OWNED	SSN:	HOME ADDRESS	HOME PHONE	
		DOB:			
LEGAL NAME OF VP/PARTNER/OWNER	% OWNED	SSN:	HOME ADDRESS	HOME PHONE	
		DOB:			
LEGAL NAME OF SEC./TREAS./PARTNER/OWNER	% OWNED	SSN:	HOME ADDRESS	HOME PHONE	
		DOB:			
Tell us about the company's banking relationships...					
BANK NAME	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
BANK NAME	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
Are the accounts at these banks at least 2 yrs old? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please provide information on your previous bank so that we may see at least a 2 year history		Do you have an active business loan at your bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your company have any existing equipment or vehicle leases:					
LEASING COMPANY	PHONE	FAX	ACCOUNT NO(S)		
LEASING COMPANY	PHONE	FAX	ACCOUNT NO(S)		
What other companies does your company have credit established with?					
COMPANY	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
COMPANY	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
COMPANY	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
Tell us about the equipment you wish to lease or purchase...					
EQUIPMENT VENDOR	ADDRESS		CITY	STATE	
PHONE	SALES REP	EQUIPMENT COST WITHOUT TAX			
DESCRIPTION OF THE EQUIPMENT – PLEASE SHOW MAKE AND MODEL					
SECTION D SIGNATURE (AUTHORIZED COMPANY REPRESENTATIVE)					
I hereby attest that the information provided on this application is true and accurate. I authorize the listed banking and credit firms to release information regarding company accounts for the purposes of establishing credit with regard to this application. I also authorize access to principal's credit bureaus. I expressly waive rights of any direct, indirect, incidental, consequential or punitive damages arising out of the submission or use of this application. I authorize additional creditors to obtain history on above reference information.					
_____		_____	_____		
COMPANY REPRESENTATIVE		DATE	TITLE		

NOTE: TO GET YOUR APPLICATION PROCESSED QUICKLY, PLEASE FILL OUT AS COMPLETELY AS POSSIBLE.