



**CUSTOMER INFORMATION:**

|   |                  |  |           |                 |            |
|---|------------------|--|-----------|-----------------|------------|
| COMPLETE LEGAL NAME OF BUSINESS (including any dba's):  |                  | DATE BUSINESS STARTED:<br>(under current ownership)                | SOLE PROP | LLC             | NON-PROFIT |
| MAILING ADDRESS OF BUSINESS                             |                  | CITY   | STATE     | ZIP CODE        | COUNTY     |
| PHYSICAL ADDRESS OF EQUIPMENT (if different than above) |                  | CITY   | STATE     | ZIP CODE        | COUNTY     |
| PHONE NUMBER  | FAX NUMBER       | CONTACT PERSON   |           | FEDERAL TAX ID# |            |
| E-MAIL ADDRESS  | TYPE OF BUSINESS | HAS THE BUSINESS OR ANY PRINCIPAL/ OWNER EVER DECLARED BANKRUPTCY? |           |                 |            |

**OWNER/STOCKHOLDER INFORMATION: IF MORE THAN TWO OWNERS, PLEASE USE ANOTHER SHEET**

|                   |             |       |                   |            |          |
|-------------------|-------------|-------|-------------------|------------|----------|
| PRINCIPAL #1 NAME | % OWNERSHIP | TITLE | SOCIAL SECURITY # | DOB        | OWN/RENT |
| HOME ADDRESS      | CITY        | STATE | ZIP               | HOME PHONE |          |
| PRINCIPAL #2 NAME | % OWNERSHIP | TITLE | SOCIAL SECURITY # | DOB        | OWN/RENT |
| HOME ADDRESS      | CITY        | STATE | ZIP               | HOME PHONE |          |

**BANK REFERENCE:**

|  |           |         |       |
|--|-----------|---------|-------|
| BANK NAME  | ACCOUNT # | CONTACT | PHONE |
| <b>*** PLEASE PROVIDE THE FRONT PAGE OF YOUR MOST RECENT THREE (3) MONTHS BANK STATEMENTS TO SPEED YOUR APPROVAL ***</b> |           |         |       |

**LEASE/LOAN REFERENCE:**

|          |           |                        |         |       |
|----------|-----------|------------------------|---------|-------|
| CREDITOR | ACCOUNT # | ORIG LEASE/LOAN AMOUNT | CONTACT | PHONE |
| CREDITOR | ACCOUNT # | ORIG LEASE/LOAN AMOUNT | CONTACT | PHONE |

**VENDOR/EQUIPMENT INFORMATION: PLEASE ATTACH EQUIPMENT QUOTE OR INVOICE, IF AVAILABLE**

|   |  |                                 |                      |  |
|---|--|---------------------------------|----------------------|--|
| VENDOR NAME                                     | ADDRESS  | CONTACT                         |                      |  |
| PHONE   | TYPE OF EQUIPMENT                              | APPROXIMATE COST                |                      |  |
| TERM REQUESTED<br>24    36    48    60    OTHER | END OF TERM<br>\$ 1 out    10%    FMV    OTHER | AGE OF EQUIPMENT<br>NEW    USED | MODEL YEAR (if used) |  |

**CREDIT RELEASE AUTHORIZATION:**

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. 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. The undersigned also hereby authorizes our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I/we hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute lessee's/debtors name thereto. 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 this application.

Print Name: \_\_\_\_\_ Signature #1: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Signature #2: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX OR EMAIL COMPLETED APPLICATION TO:**  
**ATTENTION: \_\_\_\_\_ - FAX 888.860.6848 - EMAIL: [info@numericacapital.com](mailto:info@numericacapital.com)**