

Company Information					
Lessee's Legal Business name		Federal Tax ID		Time in Business Under Current Ownership	
Sole Proprietorship <input type="checkbox"/>		Partnership <input type="checkbox"/>		Corporation <input type="checkbox"/>	
		L.L.C. <input type="checkbox"/>		Number of Employees <input type="text"/>	
Billing Address		City, State, Zip		Phone	
Equipment Location (If different from above)		City, State, Zip		Fax	
Principals, Owners, Members		Title	%	SSN	Home Address and Phone
Have any of the above principals, owners, or members ever filed bankruptcy?				() Yes	() No
Bank References		Phone		Account Number	
Business Checking					
Business Checking					
Loan or Lease Reference					
Trade References		Phone		Account Number	
Transaction Information					
Vendor Name		Telephone Number	Fax Number	Contact Name	
equipwholesale.com		619-448-4335		Todd R. Moir	
Equipment		Equipment Cost		New () Used ()	
		\$			

By Signing below, applicant certifies that the above completed information is correct. The undersigned individual as representative for the applicant authorizes Summit Commercial Finance Co., its designee, assigns or potential assigns, to review principals' and/or guarantors' personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant. A fax or photocopy of this authorization shall be valid as the original.

By: _____

Date: _____

Title: _____

