

Commercial Credit Application

Fax to: 800-796-1097

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COMPANY INFORMATION							
Business Legal Name:	DBA (if applicable):						
Address/City/State/Zip:	Phone:						
Contact Name & Title:		E	mail:	Fax:			
Federal Tax ID:	State	e/Date of Fo	rmation:	Date Current Ownership:			
				# of Employees:			
Legal Structure: Sole Prop							
BANK AND FINANCE REFERENCE	S						
Bank Name	Account Number		Contact Name			Phone Number	
Finance Company	Lease/ Loan #		Contact Name		- 1	hone lumber	
VENDOR, EQUIPMENT, AND FINA	NCE INFORMATIO	N		SOURCE COD	E: LEI	N BACCARO	
Vendor Name:	Conta	ct:			Phone	»:	
Address/Website:	EQUIPMENT TO BE FINANCED					PRICE WITHOUT TAX	
EQUIPMENT LOCATION IF DIFFER	ENT FROM COMPA	NY ADDRES	SS ABOVE:				
AMOUNT REQUESTED			TERM (MON	THS) DESIRED	□ 2	24 □ 36 □ 48 □ 60	
OWNERS, OFFICERS OR GUARAN	ITORS (please sigr	n on signatur	re line)				
1. Name:	Title:			Email:			
Social Security #:		% Owners	ship:	Cell Phone:			
Home Address:				Home Phone:			
Signature X:				Date:			
2. Name:	Title:			Email:			
Social Security #:	% Ownership:			Cell Phone:			
Home Address:				Home Phon	e:		
Signature X:				Date:			

By signing above, the applicant and the Owners/Partners/Members/Guarantors agree as follows:

They certify that all information provided is true, correct and complete and that the property leased or acquired with any credit provided will be used solely for business and commercial purposes. The applicant and the Owners/Partners/Members/Guarantors of the applicant listed above recognize that their individual credit histories may be a factor in the evaluation of the applicant for the credit it is applying for and, thus, authorize Ascentium Capital LLC or its designee to investigate their organizational and personal credit histories. This includes obtaining and information from all sources including using their consumer credit reports in the credit evaluation and collection processes, and to update any such information periodically.