

FAX TO: 866-486-7212

EMAIL TO: everett@techeffi.com

COMMERCIAL CREDIT APPLICATION

FIRM NAME:				COUNTY WHERE PROPERTY WILL BE LOCATED:			
ADDRESS:				CITY:		STATE:	ZIP:
PHONE:		DATE ESTABLISHED:	NATURE OF BUSINESS:		<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORP <input type="checkbox"/> LLC
PRINCIPALS NAME_1:			POSITION:	% OF OWNERSHIP:		HOME PHONE:	
HOME ADDRESS:				CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS:	<input type="checkbox"/> RENTS:	HOW LONG?	SOCIAL SEC. #	BIRTH DATE:		NAME OF SPOUSE:	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):							
PRINCIPALS NAME_2:			POSITION:	% OF OWNERSHIP:		HOME PHONE:	
ADDRESS:				CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS:	<input type="checkbox"/> RENTS:	HOW LONG?	SOCIAL SEC. #	BIRTH DATE:		NAME OF SPOUSE:	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):							
EMAIL ADDRESS:				FED ID#		STATE OF INCORPORATION:	
<b>BANK REFERENCE</b>							
NAME OF BANK:				PHONE:		PERSON TO CONTACT:	
CHECKING ACCT #			SAVINGS ACCT #		LOAN ACCT:		
NAME OF BANK:				PHONE:		PERSON TO CONTACT:	
CHECKING ACCT #			SAVINGS ACCT #		LOAN ACCT:		
<b>TRADE REFERENCE</b>							
NAME OF COMPANY:				ACCOUNT #		PHONE:	
NAME OF COMPANY:				ACCOUNT #		PHONE:	
NAME OF COMPANY:				ACCOUNT #		PHONE:	
CURRENT LEASE OBLIGATION:		NAME OF CO OR BANK:			PHONE:		ACCOUNT:
DO YOU RENT YOUR OFFICE SPACE?			NAME OF LANDLORD:				PHONE:
<b>INSURANCE INFORMATION</b>							
NAME OF INSURANCE AGENT:						PHONE:	
ADDRESS:				CITY:		STATE:	ZIP:
<b>VENDOR / EQUIPMENT INFORMATION</b>							
NAME OF VENDOR:				CONTACT PERSON:			
ADDRESS:						PHONE:	
QTY	NEW/USED	EQUIPMENT TO BE LEASED			TERM DESIRED	PRICE WITHOUT TAX	
						\$	
<b>EQUIPMENT CREDIT LINE INFORMATION</b>							
<input type="checkbox"/> YES, I AM INTERESTED IN AN ADDITIONAL WORKING CAPITAL LOAN OF: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000							
<b>RELEASE</b>							
TO WHOM IT MAY CONCERN:  THIS WILL BE YOUR AUTHORITY AND MY REQUEST FOR YOU TO RELEASE TO TECH EQUIPMENT FINANCE LLC OR IT'S ASSIGNS, ANY INFORMATION THEY MAY REQUEST CONCERNING CREDIT STANDING WITH YOUR COMPANY AND/OR MONEY ON DEPOSIT. I HEREBY FURTHER AUTHORIZE TECH EQUIPMENT FINANCE LLC TO OBTAIN ANY AVAILABLE PERSONAL CREDIT BUREAU REPORTS AND UTILIZE PHOTOCOPIES OF THIS RELEASE IN CONJUNCTION WITH THE LEASE APPLICATION PROCESS.							
FOR ( COMPANY NAME): _____							
BY (NAME OF OFFICER): _____ TITLE: _____							
SIGNATURE: _____ DATE: _____							