

# Commercial Funding

1935 East Vine Street, Suite 220  
 Salt Lake City, UT 84121  
 (801)424-3336 Fax (801)424-1304  
 randy@comfunding.com

- 1) Please print this form,
- 2) Complete and sign.
- 3) Scan and email to:  
[randy@comfunding.com](mailto:randy@comfunding.com)  
 or
- 4) FAX to (801)424-1304

## CREDIT APPLICATION

<b>1. Business Name</b>				Years in Business	Under Current Ownership	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	Phone	Fax
<b>Equipment Location Address</b>				Nature of Business	Fed Tax ID #	
<b>Business Landlord</b>				Landlord Phone		
<b>2. Structure of Business</b> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/>						
<b>3. Ownership</b>	<b>Principal / Officer</b>	<b>Title</b>	<b>% Owned</b>	<b>SS #</b>	<b>Home Address &amp; Home Phone</b>	
<b>4. Bank Reference</b>	<b>Business Checking</b>	<b>Acct #</b>	<b>Phone w/ Area Code</b>		<b>Officer</b>	
<b>5. Loans</b>	<b>Business Loans/Leases</b>	<b>Acct #</b>	<b>Phone w/ Area Code</b>		<b>Officer</b>	
<b>6. Credit References</b>	<b>Credit Name</b>	<b>Acct #</b>	<b>Phone w/ Area Code</b>		<b>Contact</b>	
<b>7. Equipment to be Financed</b> New <input type="checkbox"/> Used <input type="checkbox"/> (If used please give model year and serial numbers)						
					<b>Equipment Cost</b>	
<b>8. Supplier of Equipment (Vendor)</b>					<b>Supplier Address</b>	
<b>Phone</b>		<b>Fax</b>				
<b>Term (Months)</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>48</b>	<b>60</b>	

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. 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. By signature below, I/we affirm my/our identity as the respective individual/(s) identified in the above application. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I hereby represent all information is true, correct and complete. A photostatic or facsimile copy of this authorization shall be valid as the original.

By \_\_\_\_\_ Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Please Print Name \_\_\_\_\_ Date \_\_\_\_\_