

CREDIT APPLICATION - ALL OWNERS MUST BE DISCLOSED

BUSINESS TYPE: (CHECK ONE) <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP									
LEGAL BUSINESS NAME:					D / B/ A:				
NATURE OF BUSINESS:				FEDERAL ID #:			TIME IN BUSINESS: Years		
MAILING/BUSINESS ADDRESS:			CITY:		STATE:		ZIP:		COUNTY:
BUSINESS PHONE: EXT.			BUSINESS FAX:			CELL:			
WEBSITE:			LOCATION WHERE EQUIPMENT IS KEPT (IF DIFFERENT FROM ABOVE)						
ANNUAL REVENUE:		# OF EMPLOYEES:		DATE OF INCORPORATION:		STATE OF INCORPORATION:		BUSINESS START DATE:	
GUARANTOR 1 FULL NAME		TITLE		SOCIAL SECURITY #		% OWNED		DATE OF BIRTH	
Home Phone:		Cell Phone:		E-mail:		Are you a homeowner? Yes No			
Have you ever filed for bankruptcy protection? Yes No If yes, what was the discharge date?						Country of Citizenship <input type="text"/>			
GUARANTOR 2 FULL NAME		TITLE		SOCIAL SECURITY #		% OWNED		DATE OF BIRTH	
Home Phone:		Cell Phone:		E-mail:		Are you a homeowner? Yes No			
Have you ever filed for bankruptcy protection? <input type="radio"/> Yes No If yes, what was the discharge date?						Country of Citizenship <input type="text"/>			
GUARANTOR 3 FULL NAME		TITLE		SOCIAL SECURITY #		% OWNED		DATE OF BIRTH	
Home Phone:		Cell Phone:		E-mail:		Are you a homeowner? Yes No			
Have you ever filed for bankruptcy protection? Yes No If yes, what was the discharge date?						Country of Citizenship <input type="text"/>			
BANK / MONEY MARKET ACCOUNTS		ACCOUNT #		TELEPHONE #		CONTACT PERSON			
BUSINESS LOAN REFERENCE		ACCOUNT #		TELEPHONE #		CONTACT PERSON			
VENDOR / EQUIPMENT INFORMATION									
VENDOR:		ADDRESS:			CITY, STATE, ZIP:			SALE PRICE:	
CONTACT:		PHONE:		FAX:		EMAIL:		INSURANCE REQUEST:	
<input type="checkbox"/> New <input type="checkbox"/> Used	YEAR:	MAKE:	MODEL:	DESCRIPTION:		VIN / SERIAL:		DELIVERY DATE:	

I hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. By the execution of any lease/loan agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant that it is understood that Creditor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, or for any other reason, and I/ we will indemnify Creditor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended equipment based on the information contained herein.

X _____ X _____ X _____
GUARANTOR 1 SIGNATURE GUARANTOR 2 SIGNATURE GUARANTOR 3 SIGNATURE

Please fax the completed & signed application to (800) 843 - 2948 or scan and email to info@oakmontfinance.com