

Company Full Legal Name		DBA	
Company Address		City, State, Zip	
Annual Sales		Start Date Under Current Ownership	Mobile Phone
Own or Rent the commercial property? Monthly Mortgage/ Rent payment?		Phone	Fax
Desired Loan type (circle one) Working Capital Equipment Inventory		Corp. / LLC / Sole Prop. / Partnership Tax ID:	Email Address: _____ Referred By: NLS / KOSW / OTHER (Please Circle One)

PERSONAL INFORMATION ON ALL OWNERS, OFFICERS & PARTNERS

Name	Title	SSN	Date of Birth	Ownership %
Home Address		City, State, Zip		
Name	Title	SSN	Date of Birth	Ownership %
Home Address		City, State, Zip		

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 assignee (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 creditand for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Customer Signature _____ **Date:** ____ / ____ / ____