

# EQUIPMENT FINANCING APPLICATION



2783 Martin Road #210  
Dublin, OH 43017

TEL: 800-226-0049  
FAX: 800-226-4940

BUSINESS	Full Company Name:		
	Full Company Address:		Telephone:
	City / State / Zip:	County:	Fax:
	Description Of Business:		Federal Tax ID #:
	Contact:		Cell Phone:
	E-mail:		State Of Inc.:
	Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Annual Revenues (\$):

OWNERSHIP	Guarantor:	% Ownership:	Social Security No.:	Home Phone:
	Home Address:	City:	State:	Zip:
	Guarantor:	% Ownership:	Social Security No.:	Home Phone:
	Home Address:	City:	State:	Zip:

Are there any suits, judgments or tax liens against the Applicant or any of the above principals, or has the Applicant or any of the above principals ever declared bankruptcy?  Yes    No   If yes, explain on a separate page.

BANK	Company Bank:	Account No.:	Contact:	Phone:	Current Balance:

REF.	Leasing Company/Creditor:	Contact:	Account No.:	Phone:

QUESTIONS	In Business Since:	Current Owner Since:	Fiscal Year End:	Company Website:
	Major Customer(s):			% Of Annual Revenues:
	Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, attach exemption certificate.</small>	Physical Location Of Equipment: <input type="checkbox"/> If same as company address check here		Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No

EQUIPMENT	Equipment Vendor:	Contact:	Phone:
	Equipment Description:	Year:	Make:   Model:   Price:

TERM	Down Payment:	Desired Term: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other ____
	Desired Buyout: <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> FMV	

SIGN	Applicant hereby authorizes Collateral Only Loans, LLC ("COL"), and its agents (1) to obtain more credit information about Applicant and its principals and/or co-owners and to make inquiries in connection with this Application; (2) to share credit information with COL agents, as well as Applicant's other creditors, bureaus and persons who have, or expect to have, financial dealings with the Applicant or its principals named above; (3) to share collection information with Applicant's other creditors. All the information in this Application is true, complete and correct. The person signing below on behalf of Applicant is authorized to make this application on its behalf and to agree to the foregoing, and also has the authority to act for Applicant's principals and co-owners in instructing COL and its agents to obtain credit reports on them.	
	Signature: X _____	Printed Name: _____
Signature: X _____	Printed Name: _____	

PLEASE FAX COMPLETED APPLICATION TO 1-800-226-4940

**Collateral Only Loans**   •   2783 Martin Rd #210   •   Dublin, Ohio 43017  
 Toll Free: 800-226-0049   •   collateralonlyloans.com   •   Fax: 800-226-4940