

# Equipment Finance Application

Please fax to 800-419-1083

Please provide a copy of driver's license with application



## COMPANY INFORMATION

Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Type: Corp S Corp LLC Partnership Proprietor Fed Tax ID #: \_\_\_\_\_  
Have you or the company ever declared bankruptcy? Yes No (Business or Personal) \_\_\_\_\_

## BANKING & CREDIT/FINANCE REFERENCES

Current Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Opened: \_\_\_\_\_  
Finance Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Opened: \_\_\_\_\_  
Trade Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Opened: \_\_\_\_\_

## COMPANY PRINCIPAL/GUARANTOR INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_  
Home Address: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ DOB: \_\_\_\_\_ U.S. Citizen: Yes No  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_  
Home Address: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ DOB: \_\_\_\_\_ U.S. Citizen: Yes No  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_  
Home Address: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ DOB: \_\_\_\_\_ U.S. Citizen: Yes No  
Is there a separate contact person? Yes No Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EQUIPMENT TO BE FINANCED/TERMS REQUESTED

Selling Company Name: \_\_\_\_\_ New Used Unit  
Quantity: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Amount Requested: \$ \_\_\_\_\_ Length of Term Requested: \_\_\_\_\_ Lease Loan  
Replacement Additional to fleet Will this equipment be titled? Yes No If yes, in what state? \_\_\_\_\_

Address Equipment will be kept at: \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. Applicants have the right to receive a statement of specific reasons for adverse actions within 30 days, if the statement is requested within 60 days of the creditor's oral or written notification of the adverse action. The statement of reasons may be requested by phone at 800-419-0952 or by writing to Priority One Financial Services Equipment Finance, 742 Second Avenue South, St. Petersburg, FL 33701. If the statement of reasons is provided orally, applicants have the right to receive written confirmation within 30 days of our receipt of the applicant's written request for confirmation. I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer any questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor contacted to release to you such credit information requested.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_