

Small Business Capital

CREDIT APPLICATION

Email to apps@sbcap.org or Fax to 888-211-6811

Americas Lending Partner

BUSINESS INFORMATION

Business Name							Telephone
Street Address							Fax
City		Sta	ite			Zip Code	Contact Person
Business Type				Bus	siness Start Date	Time in Business	Fed. Tax I.D.
Proprietorship	Partnership	C-Corp	S-Corp	LLC	Non-Profit	Email Address	
Location of Equipmen	nt						Company's Annual Sales
Any unsettled lawsuits, judgments, disputes, or outstanding tax obligations? Bankruptcy ever filed by business. Yes			No	Yes □ No □ No When?		Company's Annual Net Income	
TRADE / CRED	ITOR REFER						
Company Name			L Contac	ot Person		Phone	

Company Name	Contact Person	Phone	
Equipment / Collateral	Payment Arrangement	Date Opened	Avg / High Credit

BANK INFORMATION

Bank Name	Contact Person	Contact Phone
Account Number	Account Type	Average Balance

OWNERSHIP/GUARANTOR INFORMATION

Guarantor 1 Full Name		Title	% Owned	Social Secu	rity Number	
Home Address (Street/City/State/Zip)			Birth Date		Own Rent	Bankruptcy Filed Yes No
Home Phone	Mobile Phone	Email Address				
Spouse's Name		Spouse's Social Securit	y Number	Spouse'	s Employer	
Guarantor 2 Full Name		Title	% Owned	Social Secu	rity Number	
Home Address (Street/City/State/Zip)			Birth Date		Own Rent	Bankruptcy Filed Yes No
Home Phone	Mobile Phone	Email Address				
Spouse's Name	Spouse's Social Security Number	Spouse's Employer				

EQUIPMENT INFORMATION ***Attach Invoice W/Equipment Description***

Vendor	Contact	Phone		Fax
Equipment			New Used	Price W/O Tax
Preferred Term	Preferred Leased / Loan Structure	Preferred Advance Payments	Pr	eferred Residual

By signing below, the undersigned individual, who is either a principal of the credit applicant and/or a personal guarantor of its obligations, provides written instruction to Small Business Capital or its designee (and assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend obtaining 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. A photostat of faccismile copy of this authorization shall be valid as the original. Undersigned further authorizes release of all bank information for personal and corporate accounts by phone of fax. By signature below, I/we affirm my/our identify as the respective individual(s) identified in the above application. You understand that by signing you are providing "written instructions' to (Small Business Capital) under the Fair Credit Reporting Act authorizing (Small Business Capital) to obtain information form your personal credit report or other information from CoreLogic Credco. You authorize (Small Business Capital) to obtain such information.

Signed	Title	Date	
Signed	Title	Date	