

BUSINESS INFORMATION

Business Name	Telephone		
Street Address	Fax		
City/State/Zip	Contact Person		
Business Type	Business Start Date	Time in Business	Fed. Tax I.D.
Proprietorship Partnership C-Corp S-Corp			
Location of Equipment	Company's Annual Sales		
Any unsettled lawsuits, judgments, disputes or outstanding	Company's Annual Net Income		
Bankruptcy ever filed by business? Yes □ No □ W			

TRADE / CREDITOR REFERENCE

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 Secur		
Home Address (Street/City/State/Zip)			Birth Date		Own 🗌 Rent 🗌	Bankruptcy Filed Yes D No D
Home Phone	Mobile Phone	Email Address				
Spouse's Name		Spouse's Social Security	Number	Spouse's	Employer	
Guarantor 2 Full Name	Title	% Owned	Social Security 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 🗖		1	Price W/O Tax	
						Used	j	
	Preferred Term Preferr		ed Lease/Loan Structure	Prefer	Preferred Advance Payments Prefe		ferred 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 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 credit and for reviewing or collecting the resulting account. A							
F	photostat or facsimile 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 or fax. By							

signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. Title _____ Date _____ Signed _____ Signed _____ Title _____ Date _____