



CREDIT APPLICATION

CORPORATE NAME: \_\_\_\_\_

DBA NAME: \_\_\_\_\_

EQUIPMENT ADDRESS CITY STATE ZIP CODE

BILLING ADDRESS CITY STATE ZIP CODE

BUSINESS PHONE NUMBER CELL PHONE NUMBER DATE BUSINESS STARTED UNDER CURRENT PRESIDENT/OWNER

EMAIL ADDRESS FEDERAL TAX ID # GROSS ANNUAL REVENUE \$

PERSONAL INFORMATION ON OWNER(S):

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

% OF OWNERSHIP \_\_\_\_\_

% OF OWNERSHIP \_\_\_\_\_

BUSINESS TITLE: \_\_\_\_\_

BUSINESS TITLE: \_\_\_\_\_

VENDOR & EQUIPMENT INFORMATION:

VENDOR BUSINESS NAME \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

EQUIPMENT \_\_\_\_\_

COST \$ \_\_\_\_\_ (WITHOUT TAX) TERM \_\_\_\_\_ (24 Months - 72 Months)

NOTICE TO ALL BUSINESS APPLICANTS: IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT FERNWOOD CAPITAL & LEASING, LLC WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION.

By signing below, each undersigned individual, as a principal of and/or guarantor for the Applicant, authorizes Lessor, its designees, assignees and potential assignees, to review his or her personal credit profile and other information as provided by national credit bureaus, banks and third parties, as Lessor in its sole discretion shall deem necessary.

DATE \_\_\_\_\_ SIGNATURE: X \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE: X \_\_\_\_\_