

Submit Application to:

Amanda@FernwoodCapital.com

Fax: 716-694-9304

Call: 888-241-8636 x. 113

Text: 716-471-3644

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	S STARTED UNDER CURRE	NT PRESIDENT/OWNER
EMAIL ADDRESS	FEDERAL		\$ X ID # GROSS ANNUAL REVENUE		
PERSONAL INFORMATION	ON OWNER(S):				
NAME		NAME _			-
ADDRESS	ADDRE	ADDRESS			
CITY, STATE, ZIP		CITY, S	TATE, ZIP _		
SOCIAL SECURITY #	SOCIAL	SOCIAL SECURITY #			
% OF OWNERSHIP		% OF O	WNERSHIP _		
BUSINESS TITLE:	BUSINE	BUSINESS TITLE:			
VENDOR & EQUIPMENT IN					
VENDOR BUSINESS NAME _					
CONTACT		PHONE #			
EQUIPMENT					
COST \$	(WITHOUT TAX)	TERM .	(24 Months	– 72 Months)	
NOTICE TO ALL BUSINESS APPLICANTS: IF YOUR APPLICATION WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR CREDITORS FROM DISCRIMINATION AGAINST CREDIT APPLIC. INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM: THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL DOCUMENTATION FEE REQUIRED AT THE TIME OF LEASE SIGN STULLY LEARNED BY FERNIODO CAPITAL.					
By signing below, each undersigned individual, a other information as provided by national credit be the purpose of any update, renewal, extension or deemed valid as the original.	oureaus, banks and third parties, as Lessor in i	ts sole discretion shall deem no	ecessary. Such revie	w shall be made for the purpos	se of considering this Application and for
DATE,	_ SIGNATURE: X				
DATE,	SIGNATURE: X				