



## EQUIPMENT FINANCE APPLICATION

### BUSINESS CONTACT INFORMATION

Company name:	DBA:	
Phone:	Email:	
Company address:		
City:	State:	ZIP:
Yrs Under Current Ownership:	Type of Business:	

### PERSONAL INFORMATION ON MAJORITY OWNERS

Name:		Email:	
Phone:	% ownership	EIN #	
Address:			
City:	State:	Zip:	
Name:		Email:	
Phone:	% ownership	EIN #	
Address:			
City:	State:	ZIP:	

### EQUIPMENT TO BE FINANCED

Vendor name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Description:			

### AUTHORIZATION

By signing below, each undersigned individual (s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction Smarter Equipment Finance LLC or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau.

Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account.

I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct and complete. A photo static or facsimile copy of this authorization shall be as valid as the original.

**SIGNATURES \*\*\*Please do not e-sign this document. Banking sources require a "real" signature. \*\*\***

Title: Date:	Title: Date:
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