

Please contact **Brian Shaw** at bshaw@pinnaclecap.com
 (800) 566-1993 • (800) 821-5903 fax

Equipment Financing Credit Application

| | | | | | | | |
|---|-------------|---------------------|------------------------|--|-----------------|---------------|-----|
| COMPLETE LEGAL COMPANY NAME | | | | DBA NAME (if applicable) | | | |
| BILLING ADDRESS | | | | CITY | | STATE | ZIP |
| PHYSICAL ADDRESS | | | | CITY | | STATE | ZIP |
| EQUIPMENT LOCATION (if different than physical address of business) | | | | CITY | | STATE | ZIP |
| COUNTY | | BUSINESS PHONE # | | BUSINESS FAX # | | CONTACT CELL# | |
| NATURE OF BUSINESS | | | | <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER LIST ALL STATES BUSINESS IS FORMED IN: | | | |
| FEDERAL ID# | STATE/UBI # | BUSINESS START DATE | CURRENT OWNERSHIP yrs. | EMAIL ADDRESS | WEBSITE ADDRESS | | |

OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION

| | | | | | | | | |
|---|-------|--------|---|-------|--------|---|-------|--------|
| NAME #1 | | | NAME #2 | | | NAME #3 | | |
| TITLE | | %OWNED | TITLE | | %OWNED | TITLE | | %OWNED |
| SSN | | | SSN | | | SSN | | |
| HOME PHONE # | | | HOME PHONE # | | | HOME PHONE # | | |
| STREET | | | STREET | | | STREET | | |
| CITY | STATE | ZIP | CITY | STATE | ZIP | CITY | STATE | ZIP |
| Have you or your business filed bankruptcy in the past 10 years? When? What type? | | | Have you or your business filed bankruptcy in the past 10 years? When? What type? | | | Have you or your business filed bankruptcy in the past 10 years? When? What type? | | |

BUSINESS CHECKING ACCOUNT REFERENCES

| | | | |
|-----------|----------------|----------------|-------------------|
| BANK NAME | ACCOUNT NUMBER | CONTACT PERSON | BANK PHONE NUMBER |
|-----------|----------------|----------------|-------------------|

OTHER LEASE COMPANY OR LOAN REFERENCE

| | | | |
|--------------|----------------|----------------|--------------|
| COMPANY NAME | ACCOUNT NUMBER | CONTACT PERSON | PHONE NUMBER |
|--------------|----------------|----------------|--------------|

BUSINESS TRADE ACCOUNT REFERENCES

| | | | |
|---------------|----------------|-----------|---------|
| COMPANY NAME | PHONE # | ACCOUNT # | CONTACT |
| | | | |
| | | | |
| LANDLORD NAME | CONTACT PERSON | PHONE # | |

EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION

| | | | | |
|--|-------------------|---------|------------------------------|-------------------------------|
| DESCRIPTION | QUANTITY | MODEL # | NEW <input type="checkbox"/> | USED <input type="checkbox"/> |
| | EQUIPMENT COST \$ | | LEASE TERM REQUESTED | |
| <input type="checkbox"/> VENDOR/DEALER SALE <input type="checkbox"/> PRIVATE PARTY SALE <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> OTHER | | | | |
| VENDOR NAME | CONTACT PERSON | PHONE # | | |

Each of the above listed guarantors is/are willing to serve as guarantor of the above transaction. Each of the undersigned on his or her behalf and on behalf of any such party not signing, whom the undersigned represents has given the undersigned authority to sign on his or her behalf, authorize(s) Pinnacle Business Finance, Inc. and its nominees to obtain, and all such parties to release, credit and financial information (personal or business) requested by Pinnacle Business Finance, Inc. or its nominees and for such parties to provide information to others regarding their relations with the undersigned and each such other guarantor. I/we completed this application to obtain credit for the applicant and certify that all statements contained herein are true and correct.

Signature _____ Date _____ Print Name _____ Title _____

Signature _____ Date _____ Print Name _____ Title _____

Signature _____ Date _____ Print Name _____ Title _____