

Please contact **DARREN KIRKWOOD** 509-994-4650  
 RETURN FAX TO : 509-292-0769 or 509-464-0267 OR EMAIL: darren@omhproscreen.com

## 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				SOLE PROPRIETOR    CORP    LLC    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
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### OTHER LEASE COMPANY OR LOAN REFERENCE

COMPANY NAME	ACCOUNT NUMBER	CONTACT PERSON	PHONE NUMBER
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### BUSINESS TRADE ACCOUNT REFERENCES

COMPANY NAME	PHONE #	ACCOUNT #	CONTACT

LANDLORD NAME	CONTACT PERSON	PHONE #
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### EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION

DESCRIPTION	QUANTITY	MODEL #	NEW USED
	EQUIPMENT COST \$		LEASE TERM REQUESTED
VENDOR/DEALER SALE    PRIVATE PARTY SALE    LINE OF CREDIT		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 \_\_\_\_\_