

FINANCE APPLICATION

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BUSINESS INFORMATION

SOLE PROPRIETOR "S" CORP LLC
 PARTNERSHIP "C" CORP NON-PROFIT

LEGAL BUSINESS NAME _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____ FED TAX ID NUMBER _____

BUSINESS ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ CELL _____ EMAIL _____

HAS THE BUSINESS OR ANY PRINCIPAL EVER DECLARED BANKRUPTCY? YES NO

PRINCIPALS

NAME	TITLE	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	OWNERSHIP %
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____	
NAME _____	TITLE _____	SOCIAL SECURITY NUMBER _____	HOME PHONE NUMBER _____	OWNERSHIP % _____
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____	

BANK REFERENCES

NAME OF BANK	ACCOUNT #	AVG. BALANCE	CONTACT	PHONE
ADDITIONAL PREVIOUS BANK _____	ACCOUNT # _____	AVG. BALANCE _____	CONTACT _____	PHONE _____

LOAN | LEASE REFERENCES

LOAN REFERENCE	PHONE	ACCOUNT NUMBER
LOAN REFERENCE _____	PHONE _____	ACCOUNT NUMBER _____

TRADE REFERENCES

TRADE REFERENCE	PHONE	ACCOUNT NUMBER
TRADE REFERENCE _____	PHONE _____	ACCOUNT NUMBER _____

EQUIPMENT TO BE FINANCED

SUPPLIER NAME _____ CONTACT _____ PHONE _____ FAX _____

EQUIPMENT DESCRIPTION _____ NEW USED _____ MODEL YEAR (IF USED) _____

EQUIPMENT LOCATION _____ COST OF EQUIPMENT _____

COMPLETE, SIGN AND FAX TO 888.810.4200

AUTHORIZATION TO CHECK CREDIT I hereby certify that the information in this credit application is correct. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Capital Innovations, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Capital Innovations, Inc. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE _____ DATE _____