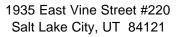
Choose the **Client Consultant** helping you

Randy Luke Terry Luke Teri Christensen

Other, Don't Know or No One

Commercial Funding





Email to: Randy@comfunding.com tluke@comfunding.com Teri@comfunding.com or

CREDIT APPLICATION

1. Business Name					Years in Business		Under Current Ow	<i>i</i> nership	
Street Addre	ess C	ity State	State Zip		Pho	ne	Fax		
Equipment Location Address					Nature of Business		Fed Tax ID #		
Business Landlord					Landlord Phone		Email Address		
2. Structure	e of Business Sole C	Owner Partne	ership	C Corp	S C	orp LLC			
3. Ownership	Principal / Officer	Title	% Owned	SS #		Home Address	& Home Phone		
4. Bank Reference	Business Checking	Acct #		Phone w/ Area	a Code	Officer			
5. Loans	Business Loans/Leases	Acct #	Acct #		Phone w/ Area Code				
6. Credit References	Credit Name	Acct #	Acct #		Phone w/ Area Code				
7. Equipme	ent to be Financed New	Used	(If us	ed please give	model ye	ear and serial nun	nbers)		
				Ec	quipment	Cost \$			
					Jupment	003ι φ			
8. Supplier of Equipment (Vendor)						Supplier Address			
Phone Fax									
Term (Mont	hs) < (Click drop-down to choo	ose request	ed term or circle -	> 12	24	36 48	60	

By signing below either with ink or by typing name, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. 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. By signature below, I/we affirm my/our identity as the respective individual/(s) identified in the above application. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I hereby represent all information is true, correct and complete. A photostat or facsimile copy of this authorization shall be valid as the original.

Authorization to Obtain Consumer Credit Report

By signing below with ink or by typing name, 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 to C.F.C., Inc. dba Commercial Funding 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. A photostatic or facsimile copy of this authorization shall be valid as the original.

Credit Applicant:_____

Signature: X	Date:
Name: (Please Print)	Title:
Signature: X	Date:
Name:	Title:
(riease rillit)	
Signature: X	Date:
Name: (Please Print)	Title:
Signature: X	Date:
Name: (Please Print)	Title: