



Equipment Lease Application

Legal Name of Company: _____
(As listed in the Articles of Incorporation)

Registered Trade Name: _____
(D.B.A. if different from legal name)

Corporate Headquarters:
Street Address: _____
City, State, Zip: _____
County: _____

Primary Contact regarding this Application: _____

Business Telephone: (____) _____ **Business Fax:** (____) _____

Web Address: _____ **E-mail Address:** _____

Years in Business: _____

Is Business a: Corporation ___ Partnership ___ LLC ___ Individual ___ Other ___

Date and State Business Established or Incorporated: _____

Type of Business?

Manufacturer: ___ **Wholesaler:** ___ **Distributor:** ___ **Service:** ___ **Other:** ___

Describe Business: _____

If business has more than one office, list all additional offices or provide attachment with address phone and contact name: _____

Equipment purchase description: _____

Bank References

TAX INFORMATION

Federal Tax ID: _____

Any Federal or State taxes past due? Yes _____ No _____ If yes, have any liens been files?

Yes _____ No _____ Any levies filed? Yes _____ No _____ if yes, please provide details:

PRINCIPALS OF BUSINESS

1.) Name: _____ Title: _____ % Owned _____

Social Security #: _____ Drivers License #: _____

Home Address: _____

City, State, Zip _____

Date of Birth: _____ Phone: (_____) _____

2.) Name: _____ Title: _____ % Owned _____

Social Security #: _____ Drivers License #: _____

Home Address: _____

City, State, Zip _____

Date of Birth: _____ Phone: (_____) _____

3.) Name: _____ Title: _____ % Owned _____

Social Security #: _____ Drivers License #: _____

Home Address: _____

City, State, Zip _____

Date of Birth: _____ Phone: (_____) _____

4.) Name: _____ Title: _____ % Owned _____

Social Security #: _____ Drivers License #: _____

Home Address: _____

City, State, Zip _____

Date of Birth: _____ Phone: (_____) _____

Have any of the Principals of this Business ever filed for bankruptcy? Yes _____ No _____
If yes, please explain (Attach a separate sheet if necessary) _____

Is there litigation pending against this business or the principals? Yes: _____ No: _____
If yes, please explain (Attach a separate sheet if necessary) _____

BUSINESS CHECKING ACCOUNT

Name of Bank _____
Address _____
City, State, Zip _____
Contact: _____ Phone: (____) _____ Fax: (____) _____
Account Number _____ ABA Number: _____

BUSINESS LOANS

Financial Institution: _____
Contact: _____ Phone: (____) _____ Fax: (____) _____
Address: _____
City, State, Zip: _____
Email: _____ Web Address: _____
Account Number: _____ Date Opened: _____
What was pledged as security for loan? _____
Is there a UCC Filed? Yes: ____ No: ____ if yes, in what state and what is covered?

Are assets of company pledged to any other financial institution or individual as security?
Yes: ____ No: ____ If yes, to whom: _____
If yes, please explain: _____

I, as principal and Owner, do give my permissions to NowFunding.com or its agents to secure credit information as necessary.

Signed: _____ Date: _____

Please fax the application to:

NowFunding.com
A Division of Creative Business Planning Incorporated
P O Box 2365
Livingston, NJ 07030
Telephone # 973-736-2535
Fax # 973-736-1839
CashFlow@NowFunding.com