



Commercial Lending

Phone 206-407-8667
Email info@icommerciallending.com
www.icommerciallending.com

Equipment Financing Application

BUSINESS INFORMATION			
Company Name:		Business Phone:	Business Fax:
Physical Address:	City:	State:	Zip Code:
Years Under Same Ownership:			
Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit <input checked="" type="checkbox"/> LLC			
Federal I.D. No.:		Date of Incorporation/Organization:	

PERSONAL INFORMATION <i>Include all owners to account for 100% of company ownership</i>			
1. Owner / Primary Contact	Title:	Ownership %	SSN:
Home Phone:	Business Phone:	Alternate Phone:	E-mail Address:
Home Address:		City:	State: Zip Code:
2. Owner	Title:	Ownership %	SSN:
Home Address:		City:	State: Zip Code:
3. Owner	Title:	Ownership %	SSN:
Home Address:		City:	State: Zip Code:

EQUIPMENT INFORMATION						
<i>Please attach the equipment quote if available</i>				YEAR	MAKE	MODEL
1	Qty:	Price:	Cab & Chassis:			
	1		Equipment Body:			
2	Qty:	Price:	Cab & Chassis:			
			Equipment Body:			
Location where equipment will be based: <input type="checkbox"/> Business address <input type="checkbox"/> Home Address <input type="checkbox"/> Other (please describe below)						
Address:		City:		State:		Zip Code:



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Equipment Seller:	City:	State:	Phone:
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The undersigned authorizes all parties contacted to release credit & financial information requested by Global Financial Services or their assigns.

Signature

Title

Date