

Equipment Financing Application

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Company Information Tax returns & financial info NOT required

Business Name			Address			
City			State	Zip		
Phone			Fax			
Officer 1 Name	Title		SS #		Ownership %	
Officer 2 Name	Title		SS #		Ownership %	
Bank Reference						
Bank Name			Account #			
Contact Person			Phone			
Equipment Vehicle	es Furniture :	Software	Fax			
\$ Estimated Cost	new	used	Description			
estimated Cost			Description			
Seller Name			Seller Phone			
24 -or- 36 -	or- 48 -or-	60	\$1 -or-	10% -or-	FMV	
Desired Term (in months) Signature below author extends to obtaining be agency, as well as au	orizes verification of co ousiness references as thorizes banks, trade/ more waives any poten	redit information f well as any/all ind borrowing referer atial right or claim t	Purchase Option from whatever source deemed ividual credit report profiles forces and financial institutions they may have under the Fair C	d appropriate. S from any nation s to release all	uch authorization al credit reporting credit information	
Signature			Signature			
Officer 1		Date	Officer 2			Date