



EQUIPMENT FINANCE APPLICATION



2888 Loker Avenue East, Suite 321 Carlsbad, CA 92010

CORPORATE HEADQUARTERS (888) 305-9292

Fax Application to (760) 585-1313

COMPLETE LEGAL NAME OF COMPANY		FEDERAL TAX ID	DATE STARTED	D & B NUMBER
DESCRIPTION OF WHAT COMPANY DOES	WEBSITE www.	BUSINESS STRUCTURE (Check box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		STATE OF INCORP
COMPANY ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)			WILL EQUIPMENT LOCATED AT DIFFERENT ADDRESS? Yes <input type="checkbox"/> No <input type="checkbox"/> (If "Yes", please list address)	
SALES TAX RATE % %	MAIN TELEPHONE	FAX	CONTACT FOR THIS TRANSACTION	EMAIL OF CONTACT PERSON

BUSINESS BANK – CONTACT PERSON	ACCOUNT #	TELEPHONE	AVG BALANCE LAST 3 MO \$
** If available, please include last 3 months business bank statements (Front page ONLY) **			
TRADE REFERENCE – CONTACT PERSON	ACCOUNT #	TELEPHONE	TERMS (NET 30, OTHER)
OTHER BUSINESS LOAN OR EQUIPMENT LEASE – CONTACT PERSON	ACCOUNT #	TELEPHONE	ORIGINAL LOAN AMOUNT \$

OWNER/PRINCIPAL/OFFICER/PARTNER #1	TITLE	OWNERSHIP %	SOC. SEC. #	HOME TELEPHONE	CELL PHONE
COMPLETE HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)					Own <input type="checkbox"/> Rent <input type="checkbox"/>
OWNER/PRINCIPAL/OFFICER/PARTNER #2	TITLE	OWNERSHIP %	SOC. SEC. #	HOME TELEPHONE	CELL PHONE
COMPLETE HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)					Own <input type="checkbox"/> Rent <input type="checkbox"/>
OWNER/PRINCIPAL/OFFICER/PARTNER #3	TITLE	OWNERSHIP %	SOC. SEC. #	HOME TELEPHONE	CELL PHONE
COMPLETE HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)					Own <input type="checkbox"/> Rent <input type="checkbox"/>

EQUIPMENT VENDOR – CONTACT PERSON	TELEPHONE	EMAIL	HAS DEPOSIT BEEN GIVEN? Yes <input type="checkbox"/> No <input type="checkbox"/>
EQUIPMENT DESCRIPTION	# OF PIECES	NEW OR USED New <input type="checkbox"/> Used <input type="checkbox"/>	TOTAL COST WITHOUT TAX \$
LENGTH OF TERM REQUESTED 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/>	HAVE YOU APPLIED TO OTHER COMPANIES IN THE LAST 30 DAYS FOR CREDIT FOR THIS EQUIPMENT? Yes <input type="checkbox"/> No <input type="checkbox"/> (If "Yes", list all companies)		

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Advanced Innovations, Inc. and Business Direct Capital and its assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). By submitting this application, you hereby agree, at all times, to keep all documentation and pricing provided by Business Direct Capital confidential and not provide any 3rd party documentation, including but not limited to master lease agreements, equipment finance agreements, lease documents, equipment schedules, or other transactional related items from Business Direct Capital or its assignees and partners in any written and electronically transmitted format, without the prior written consent of Business Direct Capital. A photo static or facsimile copy of this authorization shall be valid as original.

Signature

Date

Name (Please print)

Title