EquipCash

Equipment Financing Application

Corporation Only

BUSINESS INFORMATION

Legal Company Name: _____ **DBA:** _____

Business Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Business Phone #: _____ **Email:** _____ **Legal Entity:** ☐ Corporation ☐ LLC ☐ Sole Prop

Industry Type: _____ **Federal Tax ID (EIN #):** _____ **Business Start Date:** _____

State of Incorporation: _____

COMPANY CONTACT

First Name: _____ **Middle:** _____ **Last Name:** _____

Contact Address: _____

Email: _____ **Phone #:** _____ **Title:** _____

DISCLOSURES & AUTHORIZATIONS

NOTICE — REASONS FOR CREDIT DENIAL (BUSINESS CREDIT). If this application is denied, you may request a written statement of the specific reasons within 60 days of being notified, and we will provide it within 30 days of your request. The federal Equal Credit Opportunity Act prohibits credit discrimination on the basis of race, color, religion, national origin, sex, marital status, or age; on the basis of public-assistance income; or because a right under the Consumer Credit Protection Act was exercised in good faith. Compliance is administered by the Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, MO 64108.

AUTHORIZATIONS & AGREEMENTS. This application is for commercial or governmental purposes only, not for personal, family, or household use, and consumer credit laws shall not apply. The applicant, each signing owner, and each guarantor ("you") authorize EquipCash, its affiliates, agents, and assignees ("we") to verify the information provided and to obtain and share credit reports, references, and bank information from any source, as permitted by law.

INDIVIDUAL AUTHORIZATION. Each undersigned principal or personal guarantor authorizes us to obtain and review his or her personal consumer report in connection with this application. Upon request, we will provide the name and address of any agency that furnished a report.

APPLICANT — AUTHORIZED SIGNATURE

#1 Print Name: _____ **Signature:** _____ **Date:** _____

#2 Print Name: _____ **Signature:** _____ **Date:** _____

Email Completed Application to: app@equipcash.com / 909-781-4040

EquipCash

Equipment Information *(or send Invoice)*

EQUIPMENT TYPE

Equipment Type: _____

EQUIPMENT LOCATION

Same address as business: ☐ **Different address:** _____

EQUIPMENT DETAILS

Equipment Age: New ☐ Used ☐ **Equipment Cost: $** _____

TRANSACTION TYPE

Transaction Type: ☐ Vendor ☐ Private Party ☐ Sale Leaseback ☐ Working Capital

If Vendor:

Name: _____ **Website:** _____

If Private Party:

Name: _____ **Address:** _____

ADDITIONAL INFORMATION

Why do you need the equipment or capital?

**If you have an invoice or bill please include it. If you haven't spoken to a vendor about your equipment needs, no problem, we only need to know the equipment you are interested in buying and the approximate costs.*

Email to: app@equipcash.com / 909-781-4040

Submit Your Completed Application

Please send your completed application, along with any invoice or equipment quote, using any of the options below:

Email: app@equipcash.com

Phone: 909-781-4040

Website: www.EquipCash.com

Thank you for your application. Our team will review it and follow up promptly.