Equipment Financing Application

Business Information

Legal Company Name: _____ DBA: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

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

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

Information on Officers, Partners, Guarantors

Owner #1 First Name: _____ Middle: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____ Title: _____ % Ownership: _____

Social Security #: _____ Date of Birth: _____

(15% + ownership)

Owner #2 First Name: _____ Middle: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____ Title: _____ % Ownership: _____

Social Security #: _____ Date of Birth: _____

Reason for Applying: _____

_____

Applicant:

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

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

DISCLOSURES & AUTHORIZATIONS

NOTICE OF RIGHT TO REQUEST REASONS FOR CREDIT DENIAL (BUSINESS CREDIT). If your application is denied, you have the right to a written statement of the specific reasons for the denial; to obtain it, contact us within 60 days of the date you are notified of our decision, and we will provide it within 30 days of your request. **Notice:** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The identity of the federal agency that administers compliance with this law is available upon request.

AUTHORIZATIONS AND AGREEMENTS. This application is for commercial financing only, not for personal, family, or household purposes, and consumer credit laws shall not apply. The applicant, each signing owner, and each guarantor ("you") authorize us, our agents, and our assigns ("we") to verify the information provided and to obtain credit reports, references, and bank information from any source, and to use and share information obtained in connection with this application and any resulting credit as permitted by law.

INDIVIDUAL AUTHORIZATION. By signing below, 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.

EquipCash

Equipment Information

(or send Invoice)

EQUIPMENT TYPE

Equipment Type: _____

_____

TRANSACTION TYPE

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

If Vendor:

Name: _____ **Website:** _____

If Private Party:

Name: _____ **Address:** _____

EQUIPMENT DETAILS

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

EQUIPMENT LOCATION

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

ADDITIONAL INFORMATION

Why do you need the Equipment or Working 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.