

Date: _____ Vendor: _____

Rep: _____ Cost: \$ _____ Term: _____ Pmt: \$ _____

Equipment: _____ Option at
end of lease: _____

Company

Legal name: _____ Fed ID #: _____

Mailing address: _____ Contact: _____

City: _____ State: _____ ZIP: _____ Phone: (____) _____

Physical address (if different): _____ County: _____

Type of business: _____ # of employees: _____ Fax #: (____) _____

E-mail address: _____ Age of business: _____

Proprietorship Partnership C-Corp Sub-S Corp LLC Public Non-profit

Ownership

Name: _____ Title: _____ % Owned: _____

Home address: _____ Social Security #: _____

City: _____ State: _____ ZIP: _____ Phone: (____) _____

Name: _____ Title: _____ % Owned: _____

Home address: _____ Social Security #: _____

City: _____ State: _____ ZIP: _____ Phone: (____) _____

Bank

Name: _____ Phone: (____) _____

Contact: _____ Acct #: _____

Credit References

Name: _____ Acct #: _____ Phone: (____) _____

Name: _____ Acct #: _____ Phone: (____) _____

Insurance

Agency: _____ Phone: (____) _____

Carrier: _____ Agency contact: _____

How did you hear about CFC Investment Company? _____

Authorization

I hereby certify that all information contained in this application, and all attachments hereto, are true and complete to the best of my knowledge and are made for the purpose of obtaining credit. I authorize CFC Investment Company, and any agencies acting on its behalf, to verify any of the information from whatever source it deems appropriate, and I further authorize any of the above references to release credit information to CFC Investment Company. It is understood that this application shall remain the property of CFC Investment Company, whether or not the lease is granted, and that this constitutes an application only and shall not be binding upon either CFC Investment Company or the applicant.

Date: _____ Owner's signature: _____ Print name: _____ Title: _____

Date: _____ Owner's signature: _____ Print name: _____ Title: _____