



Application
 Return to
 Louise Douglas
 Fax: (937) 473-5990

| LESSEE / APPLICANT INFORMATION | | | | | |
|---|---|--|---|---|-----------------------------------|
| Legal Business Name/Lessee | | | | | Phone |
| Address (Street, R.R. - no PO Box) | | | E-mail address | | Fax |
| City | County | State | Zip | Cell Phone/Pager | |
| Type of Business | | | | | Contact |
| Corporation <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> LLC | Partnership <input type="checkbox"/> | Proprietorship <input type="checkbox"/> | Federal Tax ID Number | State of Incorp. | Date Established/Time in Business |
| Equipment Location (if different than above) | | | | | |
| PRINCIPAL INFORMATION (President, Owner or Partners) | | | | | |
| Name 1 | | Title | Ownership % | Social Security # | |
| Home Address | | City | State | Zip | Home Phone |
| Name 2 | | Title | Ownership % | Social Security # | |
| Home Address | | City | State | Zip | Home Phone |
| BANKING INFORMATION | | | | | |
| NAME / BRANCH | CITY/STATE | CHK. ACT. # | PHONE | CONTACT | |
| | | | | | |
| | | | | | |
| TRADES OR FINANCE REFERENCES (Include other Business Leases, Loans & Suppliers) | | | | | |
| NAME | CITY/STATE | ACCT # | PHONE | CONTACT | |
| | | | | | |
| | | | | | |
| Landlord/Mortgagor | City/State | Yrs at Location | Phone | Contact | |
| | | | | | |
| VENDOR / EQUIPMENT INFORMATION | | | | | |
| Name | | | Phone | Contact | |
| Address | | | City | State | Zip |
| Equipment To Be Financed - Description | | | | | |
| <input type="checkbox"/> Used <input type="checkbox"/> New | Term (months) | Advance Payments | Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1 | Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No Tax Rate (%) | Total Cost (Without Tax) |

Each undersigned individual, who is either a principle of the credit applicant or a personal guarantor of its obligations, authorizes release of any credit reference information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving, and trade accounts to Accord Financial Group and/or its assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of credit, and for reviewing or collecting the resulting account. A photocopy or fax of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.

Signature 1: _____ Signature 2: _____ Date _____