



127 E Ridgewood Ave. Suite 205
Ridgewood, NJ 07450
Email: service@kaloncapital.com
Phone: (646) 884-3434

Customer Information

Business Legal Name:		DBA Name (if any):	
Street Address:		Federal Tax ID:	
City/State/Zip Code:		Date Business Started:	
Phone:	Fax:	E-Mail:	
Corporation <input type="checkbox"/>	Limited Liability Company (LLC) <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/> Other:
Annual Revenue:		Number of Years in Business:	

Principal Information

Principal Name(s), Title(s):	1.	2.	3.
Home Address:			
City/State/Zip Code:			
% Ownership:			
Social Security #:			
Signature:			

Credit Release

Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing as principal authorizes lender or any other lending sources to obtain information from the references listed below and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Equipment Information

Vendor:		Vendor Contact Name & Phone:	
Equipment Description:			
Equipment Cost:	Term:	Term Option: FMV <input type="checkbox"/> \$1.00 Out <input type="checkbox"/> 10% Option <input type="checkbox"/> 10% PUT <input type="checkbox"/>	

Authorization

Signature of Applicant:	Date:
-------------------------	-------