

FINANCE APPLICATION

BUSINESS INFORMATION

| | | | |
|---|--|--------------------------|--|
| Legal Company Name: asdf | D/B/A | | |
| Address: asdf | City, State, Zip: asdf / asdf / asdf | | |
| Date Business Started: 11-20-1000 | (circle one) Proprietorship Partnership Corporation LLC | | |
| Contact Name: Jennifer Mora | Email Address: mora@example.net | | |
| Business Phone# 213-875-1856 | Fax# | Federal EIN# asdf | |
| Type of Industry: | Rent/ Mortgage Payment at Business Location: | | |
| Equipment Location (if Different from Above) Address: | | | |
| City, State, Zip: | | | |

PRINCIPAL(S) INFORMATION

| | | |
|--|---------------------------|-------------------------------------|
| Principal (1) Name & Title: Jennifer Mora | % ownership: 100 | Social Security# 945-21-5205 |
| Home Address: Some Random Street Name 3/5 / West Kathryn / New Hampshire / 88888 | | Cell Phone #: 213-875-1856 |
| Home Owner? (circle one): YES NO | Date of Birth: 11-22-1998 | |
| Principal (2) Name & Title: | % ownership: | Social Security# |
| Home Address: | | Cell Phone # |
| Home Owner? (circle one): YES NO | Date of Birth: | |
| Principal (3) Name & Title: | % ownership: | Social Security# |
| Home Address: | | Cell Phone#: |
| Home Owner? (circle one): YES NO | Date of Birth: | |

FINANCIAL INFORMATION

| | |
|----------------------------------|---|
| Last Year's Gross Revenue (AGR): | Do You Accept Credit Cards? (circle one) YES NO |
| Average Bank Balance: | Average Monthly Credit Card Volume: |

EQUIPMENT/TRANSACTION INFORMATION

| | | |
|--------------------------------------|---|----------------------|
| Equipment Type: | Equipment Cost \$ | Circle One: New Used |
| When do you need equipment? | Term Requested (circle one): 24 36 48 60 (Months) | |
| What will the equipment be used for? | | |

Please Attach Invoice If You Have It

VENDOR INFORMATION

| | |
|---------------|---------------|
| Vendor Name: | Contact Name: |
| Vendor Phone# | Vendor Email: |

SIGNATURES

Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). I hereby certify that the information contained in this file is true and accurate. The applicant, owner(s) and guarantor (if any) authorize Priority Capital, Inc. or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agencies or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renew, or credit for reviewing and collecting the account.

| | | |
|---------------------------------|-----------------------------|------------------|
| Principal (1) Signature: | Printed Name: | Date: |
| Principal (2) Signature: | Printed Name: Jennifer Mora | Date: 03-21-2025 |
| Principal (3) Signature: | Printed Name: | Date: |