

FINANCE APPLICATION

BUSINESS INFORMATION

Legal Company Name: asdf	D/B/A		
Address: asdf	City, State, Zip: asdf / asdf / asdf		
Date Business Started: 02-25-2025	(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 / asdf / asdf / asdf		Cell Phone #: 213-875-1856
Home Owner? (circle one): YES NO	Date of Birth: 02-26-2025	
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: 03-14-2025
Principal (3) Signature:	Printed Name:	Date: