Name Gus Livas

P.O. Box 2555

Direct # 312-283-0988 Fax 978-451-6648

308 N. Locust St., Suite 100 Grand Island, NE 68801

Email GLivas@amuref.com



Date

www.amuref.com

Application

Signature - Owner / Officer #2

Business Information	*(denotes required field))			
asdf					
Company Name*				d/b/a	
asdf	aso	df	New Ham	npshire	asdf
Address*	City*		State*	County*	Zip*
213-875-1856				11-20-1000	
Phone*	Fax			Date Business Establish	ed*
				asdf	
Equipment Location Address	SS			Federal I.D. #	
Business Structure: O C	orporation O Partnership	O Proprietorship O LLC			
Approximate Annual Sales:	\$	Approximate Net Worth:	\$		
Personal Information	on				
Jennifer Mora		100			
Owner / Officer #1		% of own	ership	Title	
Some Random Street Na	me 3/5 We	est Kathryn	51 51 HP	New Hampshire	88888
Home Address*	City*			State*	Zip*
213-875-1856	J,			mora@example.net	
Main Phone*	Mohile	Phone		E-mail Address*	
945-21-5205	Tioblic	THORE		E man / daress	
Primary Owner SS#					
Owner / Officer #2		% of owne	ership	Title	
Home Address	City			State	Zip
Main Phone	Mobile	Mobile Phone			
Additional Owner SS#					
Vendor Information	OMb - very and months down	Ab			
vendor information	(Who you are purchasing	the equipment from)			
Vandau	Cantag			Dhana	
Vendor	Contac	it.		Phone	
Equipment Description					
Equipment Cost: \$		Desired Term:	O 36 Month	O 48 Month O 60 Month	O 72 Month O 84 Month
I authorize Amur Equipment Finan	ce, Inc., its heirs & assigns to obtain a	a personal report on all principals &	guarantors for o	credit purposes, & (2) authorizes	the release to Amur Equipment
	on it may request, including business a				
, ,	k to you promptly. If your application to within 60 days from the date that you	• •	Ü	•	
	: The Federal Equal Credit Opportunity				
·	he applicant has the capacity to enter	•		• •	
because the applicant has, in good Commission, Equal Credit Opportur	faith, exercised any right under the C	Consumer Credit Protection Act. The	federal agency t	that administers our compliance	vith this law is the Federal Trade
,	,, 0,	Jennifer Mo	ra	N3-	21-2025
Signature - Owner / Officer #1		Title	. u	00-	Date
E.g. acare owner / Officer #1		1166			

Title