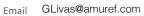
Name Gus Livas

P.O. Box 2555

Direct # 312-283-0988 Fax 978-451-6648 308 N. Locust St., Suite 100 Grand Island, NE 68801





Date

www.amuref.com

Application

Signature - Owner / Officer #2

Business info	ormation	*(denotes required field)					
asdf							
Company Name*					d/b/a		
asdf		asdf		asdf			asdf
Address*		City*		State*	County*		Zip*
213-875-1856					02-25-2025		
Phone*		Fax			Date Business	Established*	
					asdf		
Equipment Locati	on Address				Federal I.D. #		
Business Structure	e: O Cor	ooration O Partnership O	Proprietorship O LLC				
Approximate Ann	ual Sales:	\$	Approximate Net Worth:	\$			
Personal Infe	ormation						
Jennifer Mora			100				
Owner / Officer	#1		% of own	archin	Title		
Some Random		e 3/5 asdf	/8 OI OWIN	Ersnip	asdf		asdf
Home Address*	Street Marrie	City*			State*		Zip*
		City				.1	ΖΙΡ
213-875-1856 Main Phone*		Mahila F	No a m a		mora@examp		
		Mobile F	none		E-mail Address	S	
945-21-5205							
Primary Owner SS	○ #						
Owner / Officer	#2		% of owne	ership	Title		
Home Address		City			State		Zip
Main Phone		Mobile F	Phone		E-mail Address	5	
Additional Owner	SS#						
Vendor Infor	rmation	(Who you are purchasing t	ne equipment from)				
•		(· · · · · · · · · · · · · · · · · · ·					
Vendor		Contact			Phone		
Equipment Descri	ption						
Equipment Cost:	\$		Desired Term:	O 36 Month	O 48 Month O 6	0 Month O 7	2 Month O 84 Month
		Inc., its heirs & assigns to obtain a		_			
		t may request, including business &					
•	•	you promptly. If your application fo nin 60 days from the date that you a	. ,	-		•	
		e Federal Equal Credit Opportunity A					
		applicant has the capacity to enter i					
because the applicant	has, in good fai	th, exercised any right under the Co	nsumer Credit Protection Act. The	federal agency	that administers our c	ompliance with	this law is the Federal Trade
Commission, Equal Cre	edit Opportunity	, Washington, DC 20580.					
			Jennifer Mo	ra		03-14-2	2025
Signature - Owner /	Officer #1		Title			Dat	е

Title