## FINANCE APPLICATION



Consumer Finance Solutions LLC
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Phone: (773) 690-0522

COMPANY INFORMATION			
Company Name:	DBA:		
Address:	City:	State:	ZIP:
Business Phone:	Date Business Started:		
Email Address:	TAX ID:		
OFFICER(S), PARTNER(S) OR GUARANTOR(S)' INFORMATION			
Name 1:	Title:	Ownership %:	
Address:	City:	State:	ZIP:
DOB:	SSN:		
Phone Number:	Email Address:		
Name 2:	Title:	Ownership %:	
Address:	City:	State:	ZIP:
DOB:	SSN:		,
Phone Number:	Email Address:		
COMPANY BANK REFERENCES			
Bank 1 Name:	Length of Relationship:		
Officer's Phone Number:	Officer's Name:		
Bank 2 Name:	Length of Relationship:		
Officer's Phone Number:	Officer's Name:		
EQUIPMENT INFORMATION			
Type:	Projected cost:		
Vendor:			
Contact Phone Number:	Name:		
The submission of this application with a facsimile signature(s) will have the same validity and effect as if it bore an original ink signature(s). I hereby affirm that the information contained within this file is true and accurate. The applicant, owner(s), and guarantor (if applicable) authorize Consumer Finance Solutions or its designated representative(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; this authorization shall also extend to updating, renewing, or reviewing the credit and collecting the account.			
Guarantor 1 Name:	Signature: Date:		
Guarantor 2 Name:	Signature:	Date:	