

Consumer Finance Solutions LLC

13101 Washington Blvd, Los Angeles CA 90066 www.csfinsolutions.com Phone: (773) 690-0522

FINANCE APPLICATION

COMPANY INFORMATION				
Company Name: ніІІ-ны	DBA:			
Address: 08366 Gibson Forest	City: West Timothystad	State: Oregon	ZIP: 29118	
Business Phone: 574.537.1454	Date Business Started: 02-09-2009			
Email Address: zowen@example.org	TAX ID: 677909829			
OFFICER(S), PARTNER(S) OR GUARANTOR(S)' INFORMATION				
Name 1: Amanda Thompson	Title:	Ownership%:		
Address: 17686 Brock Crossing Suite 109	City: South Cassandra	State: Florida	ZIP: 71124	
DOB: 01-24-1996	SSN:			
Phone number:	Email Address: 548-49-3649	Email Address: 548-49-3649		
Name 2:	Title:	Ownership%:		
Address:	City:	State:	ZIP:	
DOB:	SSN:			
Phone number:	Email Address:			
FLEET INFO				
Trucks in fleet:	Trailers in fleet:			
COMPANY BANK REFERENCES				
	Length of Relationship:			
Bank 1 name:	Officer's name:			
Officer's Phone Number:				
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: Amanda Thompson	Signature:	Date: 03-	15-2025	
Guarantor 2 Name:	Signature:	Date:		