



CREDIT APPLICATION

Firm Name: _____ DBA: _____

☐ Corporation ☐ Partnership ☐ Proprietorship

EIN: _____

Telephone : () _____

Business Start Date: _____

Address (Mailing): _____
Street City State Zip

Address (Street): _____
Street City State Zip

Officer or Owner: _____

Officer or Owner: _____

Title: _____ SSN: _____

Title: _____ SSN: _____

Email: _____

Email: _____

Cell Phone : () _____

Cell Phone : () _____

Residence Address: _____

Residence Address: _____

City state zip

City state zip

BANK REFERENCES

Bank: _____

Branch: _____

Contact Officer: _____

Telephone: () _____

☐ Acct. #: _____

TRADE REFERENCES

Name: _____ City, State: _____ Phone: () _____

Name: _____ City, State: _____ Phone: () _____

TYPE OF EQUIPMENT TO BE FINANCED: _____

Quantity: _____ Model No.: _____ S/N: _____ Cost: _____

Desired Term of Contract: _____ Months

Vendor Name: _____

Address: _____

Phone: () _____ Contact: _____

I understand that Mark Capital Finance, LLC is relying on this information in extending any credit and it is warranted to be true. I hereby authorize Mark Capital Finance, LLC or any credit bureau or other investigative agency employed by Mark Capital Finance, LLC to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation.

Signature of Application: X _____

Date: _____