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APPLICATION

Equipment Financing

Date _____

Business Name _____

Address _____ Phone _____

City _____ State _____ ZIP _____ Cell _____

Nature of Business _____ Time in Business _____ Email _____

Prop _____ Corp _____ LLC _____ Other _____ EIN# _____

PRINCIPLE OWNERS, PARTNERS OR CORP. OFFICERS

1. Full Name _____ Title _____ DOB _____
S.S. No _____ Spouse's Name _____
Address _____ City & State _____
2. Full Name _____ Title _____ DOB _____
S.S. No _____ Spouse's Name _____
Address _____ City & State _____
3. Full Name _____ Title _____ DOB _____
S.S. No _____ Spouse's Name _____
Address _____ City & State _____

BANK AND CREDIT REFERENCES

- BANK:** 1. _____ Officer _____
Branch _____ City _____ Phone _____
Checking Acct. No. _____ Loan Acct. No. _____
1. _____ Officer _____
Branch _____ City _____ Phone _____
Checking Acct. No. _____ Loan Acct. No. _____

CREDIT REFERENCES:

1. _____ Person to Contact _____
Address _____ How Long? _____ Phone _____
2. _____ Person to Contact _____
Address _____ How Long? _____ Phone _____
3. _____ Person to Contact _____
Address _____ How Long? _____ Phone _____

Are there any credit problems? _____ Bankruptcy? _____ Pending Legal Actions? _____

We hereby authorize Creative Funding or its assignees to utilize normal credit checking procedures in order to arrive at a decision.
It is expressly understood that this constitutes an application only and itself shall not be binding on either party - All information is confidential.

Signed: _____ Title: _____ Date: _____

Signed: _____ Title: _____ Date: _____