

# QUAIL FINANCIAL SOLUTIONS

Phone: 818-843-8686 x 24

Fax: 818-843-2068

www.quailfinancialsolutions.com

## BUSINESS INFORMATION

Legal Business Name		Trade Name	
Address	City	State	Zip
Phone	Fax	Website	Years In Business
Business Structure Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>			Federal Tax ID
Business Description		Gross Annual Revenues	

## PERSONAL INFORMATION - Principals/ Officers/ Guarantors

Name	Title	Name	Title
Address		Address	
Own <input type="checkbox"/> Rent <input type="checkbox"/>		Own <input type="checkbox"/> Rent <input type="checkbox"/>	
Phone	Soc. Sec. #	Phone	Soc. Sec. #
Cell	Date of Birth / /	Cell	Date of Birth / /
Email	Ownership %	Email	Ownership %

## COMPANY BANK REFERENCE

Please attach last three months' business bank statements  
(typically 1st page only with activity summary sections required)

## LEASE / LOAN REFERENCES

Please attach a copy of recent monthly payment statement(s) for any term loan or equipment leases

## VENDOR & EQUIPMENT INFORMATION

Vendor Name			
Vendor Address	City	State	Zip
Equipment Description	Amount	New <input type="checkbox"/>	Used <input type="checkbox"/>

## DECLARATION

The undersigned individual, on behalf of themselves and all others listed on this application, recognizing that their individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Quail Capital and any assignee, lender, or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as needed in the credit evaluation and review process, and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth (for individuals) and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents.

Applicant Signature _____	Title _____
Printed Name _____	Date _____
Applicant Signature _____	Title _____
Printed Name _____	Date _____

Please send completed application to ardyb@quailcap.com or fax to (818) 843-2068