



QUAIL FINANCIAL SOLUTIONS

Phone: 818-843-8686 x 25

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 davem@quailcap.com or fax to (818) 843-2068