Equipment Finance Application

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QUAIL | FINANCIAL SOLUTIONS

APPLICANT

Legal Business Name _____ Trade Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____ Years In Business _____

Type of business   Sole Proprietorship ☐   Partnership ☐   Corporation ☐   LLC ☐   Other ☐   Federal Tax ID _____

PERSONAL INFORMATION - Principals/ Officers/ Guarantors

Name _____ Title _____	Name _____ Title _____
Address _____	Address _____
Own ☐ Rent ☐	Own ☐ Rent ☐
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 ☐   Used ☐

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 Financial Solutions 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 _____

Please send completed application to EileenC@quailcap.com or fax to (818) 843-3767