



**CREDIT APPLICATION**  
 Please fax to: (888) 391-6728 Toll Free  
 voice (800) 245-1213 www.crestcapital.com



**Equipment** Description (attach brochure or spec-sheet) \_\_\_\_\_

( \_\_\_ New) or ( \_\_\_ Used: Year Manufactured: \_\_\_\_\_) Estimated Delivery Date \_\_\_\_\_

Address Collateral will be Located \_\_\_\_\_  
 (Street Address) (City) (County) (State) (ZIP Code)

Justification of Collateral (How will equipment benefit your operation?): (\_\_\_) replacement (\_\_\_) expansion (\_\_\_) other \_\_\_\_\_

Cost of Collateral: \$ \_\_\_\_\_ Requested Term (months): \_\_\_\_\_  
 Less: Down Payment (if applicable): \$ \_\_\_\_\_ End of Term Structure: (\_\_\_) \$1 purchase  
 Less: Trade-in Allowance (if applicable): \$ \_\_\_\_\_ (\_\_\_) fair market value  
 Total Amount Requested: \$ \_\_\_\_\_ (\_\_\_) other \_\_\_\_\_

**Lessee** (Legal Name) \_\_\_\_\_ Phone \_\_\_\_\_ Years in Business \_\_\_\_\_

Street \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Tax % Rate \_\_\_\_\_

Incorporated in the State of \_\_\_\_\_ Nature of Business \_\_\_\_\_

Check One: Corporation \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ 501C \_\_\_

Ownership Information (identify all principals with 20% or more ownership) (please attach additional sheets as necessary)

1. Principal Name \_\_\_\_\_ % Ownership \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Principal Name \_\_\_\_\_ % Ownership \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank** \_\_\_\_\_ Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Street \_\_\_\_\_ Fax \_\_\_\_\_ Date Opened \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Loan / Line Account #: \_\_\_\_\_ Loan / Line Account #: \_\_\_\_\_

**Trades**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Acct # \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Acct # \_\_\_\_\_

Landlord \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Acct # \_\_\_\_\_

Signature below hereby authorizes Crest Capital (and/or its assigns) to verify credit information from whatever source deemed appropriate. Such authorization extends to obtaining business references as well as any/all individual credit report profiles from any national credit reporting agency, as well as authorizes banks, trade references and financial institutions to release all credit information requested, and furthermore waives any potential right or claim they may have under the Fair Credit Reporting Act. A copy or fax of this Credit Release Authorization may be deemed to be the equivalent of the original.

Authorization Signature \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_

Authorization Signature \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_