



INTEGRITY | FINANCIAL | GROUPS

**Please Email Completed and Signed Application to:**  
[sales@equipmentfinanceservices.com](mailto:sales@equipmentfinanceservices.com)

BUSINESS INFORMATION					
Legal Business Name		DBA Name		Tax Identification No.	
Street Address (no P.O. Boxes)			City/County/State/ZIP		
Equipment Location (if different from above): Street Address/City/County/State/ZIP					
Principal Owner(s) Name:		Phone:	%	SSN:	DOB:
Home Address:		City/County/State/ZIP			
Principal Owner(s) Name:		Phone:	%	SSN:	DOB:
Home Address (no P.O. Boxes)		City/County/State/ZIP			
Fax:	Time in Business:	Time as Owner:	No. of Employees:	Gross Annual Revenue:	
Nature of Business:			E-Mail Address:		

- Sole Proprietorship
- Individuals applying jointly for business purpose lease
- General Partnership
- Limited Partnership
- Corp. or Ltd. Liability Co.  
Date of Org. \_\_\_\_\_  
State of Org. \_\_\_\_\_
- Other: \_\_\_\_\_

EQUIPMENT INFORMATION			
Please indicate the equipment you are planning to acquire:			
Selling Price:		Total Percent of Software/Services/Warranties/Service Contracts:	
Preferred Structure: <input type="checkbox"/> Capital <input type="checkbox"/> Operating	Term _____ Months	Rate: _____	Payment: _____

TRADE REFERENCES			
Name:	Phone:	Contact:	Fax:
Name:	Phone:	Contact:	Fax:
Name:	Phone:	Contact:	Fax:

BANK REFERENCE (if available please include a copy of your bank and trade reference sheet with application)			
Bank Reference Name:	Account/Loan Officer:	Phone:	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit	Account No.	Current Balance \$	Average Balance (6 months) \$

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account A photocopy or fax of this authorization shall be as valid as the original

<p><b>Authorization for Disclosure of Business Credit information and UCC Filing</b>            Applicant hereby authorizes the release of credit information to Integrity Financial Groups, L.L.C (IFG) or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank, and authorizes (IFG) and designees to file a UCC-1 financing statement in order to maintain a first priority security risk in the equipment and inventory. I hereby represent that all of the information contained in this credit application is true, complete and correct.</p>	<p><b>Authorization of Personal Credit Information</b>            By signing below, the undersigned individual who is either a principal of the credit applicant of a personal guarantor of its obligations, provides written instruction to IFG, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. IFG may assign, transfer and authorize the bank and business references, as well as any of our lessors, to give any and all necessary information to you, your assignees or transferees.</p>	
<p>We/I certify that we/I have read and agree with applicable terms and conditions above.</p>		
Company Authorized Signature	Name/Title	Date
Company Authorized Signature	Name/Title	Date
Company Authorized Signature	Name/Title	Date