

Fax completed application to 201- 591-9799  
 or email them to info@capitalfinanceteam.com

Please include the following documents with your application:  
 1) 4 most recent bank statements  
 2) 4 most recent credit card merchant statements  
 3) Applicants drivers license (or other form of id)  
 4) Business License (articles of incorporation or similar)

**EQUIPMENT FINANCE APPLICATION**

Phone Number: 201-645-1226

**BUSINESS INFORMATION**

Legal/Corporate Name		DBA		
Physical address:		City	State	Zip Code
Mailing Address (if different from physical address)		City	State	Zip Code
Telephone Number	Fax Number	Email Address		
State of Incorporation	Federal Tax D	Date Business Started	Hours of Operation	
Type of Entity (Select One) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Sole proprietor				
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other				
Product/Service Sold		Website Address		

**MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name		Title		Length of Ownership	
Home Address		City	State	Zip Code	Ownership %
Date of Birth	Social Security Number	Home Phone Number		Cell Phone Number	

Type of Equipment:

Dollar Amount Requested:

Name of Equipment Seller:

Phone number of Equipment Seller:

Applicant authorizes Capital Finance Team, LLC its assigns, agents, bank or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

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 Applicant's Signature

Date

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 Co-Signature  
 (if more than one owner)

Date