

# CREDIT APPLICATION

# RESET

**FAX THE SIGNED APPLICATION, LEASE QUOTATION AND LAST 3 MONTHS BANK STATEMENTS TO 303-948-2242**

### USER / LESSEE INFORMATION

Lessee's Full Legal Name _____		Parent Company (If Applicable) _____	DUNS Number (If Applicable) _____	Federal Tax ID Number _____
Office Location Street Address _____	City _____	County _____	State _____	Zip _____
Equipment Location Street Address _____	City _____	County _____	State _____	Zip _____
Contact Name _____	Title _____	Email Address _____		
Company Website _____	State of Incorporation _____	Phone Number _____	FAX Number _____	
Date the Company Began Operation _____	LLC _____	Partnership _____	Has the Company, or any Guarantor, ever declared bankruptcy? YES NO	
Years Under Current Ownership _____	S Corporation _____	Municipal _____	Are there any outstanding liens or lawsuits?	
Primary Business Classification _____	C Corporation _____	Non-Profit _____	Are there any outstanding tax obligations?	

### PERSONAL INFORMATION (Principals, Members or Guarantors)

Guarantor 1: Name _____	Title _____	Social Security Number _____	Percent Ownership _____	Home Phone _____
Home Street Address _____	City _____	State _____	Zip _____	
Guarantor 1: Signature _____	Date _____			
Guarantor 2: Name _____	Title _____	Social Security Number _____	Percent Ownership _____	Home Phone _____
Home Street Address _____	City _____	State _____	Zip _____	
Guarantor 2: Signature _____	Date _____			

FOR ADDITIONAL GUARANTORS COPY THIS APPLICATION , COMPLETE THE NECESSARY INFORMATION, AND SUBMIT AT THE SAME TIME

### Lessor/Secured Party: Everest Financial Network LLC and its nominees or assigns.

By signing above the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instructions to the above referenced Lessor/Secured Party, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application and, subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing and collecting the resulting account. A photocopy or facsimile of this authorization shall be valid as the original. By signature above, I/we affirm my/our identity as the respective individuals identified in this application.

### BANK REFERENCES AND BANK STATEMENTS

To expedite processing we require the last three months of bank statements for the Applicant. Please Fax them with this application.

Bank Name and Branch _____	Account Number and Type _____	Contact Officer _____	Phone Number _____
Bank Name and Branch _____	Account Number and Type _____	Contact Officer _____	Phone Number _____

### TRADE OR FINANCE REFERENCES

Company Name _____	City / State _____	Contact Person _____	Phone Number _____
Company Name _____	City / State _____	Contact Person _____	Phone Number _____

### EQUIPMENT SUPPLIER INFORMATION

Equipment Supplier Business Name _____	Contact Person _____	Mobile Phone _____	Office Phone _____	Email Address _____
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### TRANSACTION INFORMATION.

Quantity _____	Manufacturer _____	Year _____	Model Number _____	Description _____	Equipment Cost Excluding Tax _____
Lease Term in Months _____	Monthly Lease Payment _____	Other _____	New _____	Used _____	TOTAL COST Excluding Taxes _____

### CREDIT RELEASE

APPLICANT STATEMENT: Applicant has answered the questions fully and truthfully. Applicant understands that Everest Financial Network LLC ("Everest") or its assigns or designees will check credit records and any statements applicant has made. Applicant gives all of its creditors permission to provide us any information needed to determine whether Everest and its assigns or designees want to grant applicant credit. Applicant may request the status of this application to be transmitted by electronic mail and applicant expressly authorize Lessor or its nominee to transmit such message to the electronic mail address, which applicant may provide. The person signing this is 18 years of age or older.

Authorized Signature and Title \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.

Program Management provided by EVEREST FINANCIAL NETWORK  
Please call 303-948-9999 with any questions

