



# SMART FINANCE OPTIONS, Inc - BUSINESS CREDIT APPLICATION

<EQUIPMENT SALE LEASE BACK>

**Legal Business Name:** \_\_\_\_\_  
**D.B.A.:** \_\_\_\_\_

**Business Address** (City, State, Zip) \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Equipment Location:** \_\_\_\_\_

**Gross Annual Revenue:** \$ \_\_\_\_\_ **Monthly Avg. A/R Balance:** \$ \_\_\_\_\_  
**Are you factoring Accounts Receivable?** Yes \_\_\_ No \_\_\_ **Your FICO Credit Score (if known):** \_\_\_\_\_  
**Applicant have Open Liens?** Yes \_\_\_ No \_\_\_ **Applicant have past Bankruptcy?** Year \_\_\_\_\_ Yes \_\_\_ No \_\_\_

**Business Structure:** Proprietorship \_\_\_ Partnership \_\_\_ Corp. \_\_\_ LLC: \_\_\_ Other \_\_\_\_\_  
**Applicants E-Mail: (PRINT)** \_\_\_\_\_ **Cell#:** \_\_\_\_\_  
**Fed Tax ID#** \_\_\_\_\_ **# of Emp.** \_\_\_\_\_ **Years you have owned this business?** \_\_\_\_\_

### Ownership Information

Name	Title	Soc.Sec.#	Home Address/Tel	% owned

### Bank References

Bank Name	Account #s	Contact Name	Direct Telephone (not 800#)

### Trade References – (Companies you buy goods & services from)

Account Name	Account #s	Contact Name	Telephone
1.			
2.			
3.			

### Vendor (this section applies if you want to lease purchase new or used equipment)

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

### AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Applicant warrants all credit and financial information submitted to financial entities and/or assigns to be true and accurate and hereby authorizes all banking institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals authorizes financial entities and/or assigns to obtain personal credit bureau reports and/or personal and business income tax transcripts for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AUTHORIZATION TO OBTAIN CREDIT INFORMATION

### To Whom It May Concern:

The undersigned individual(s) have applied for a business loan, equipment lease, or line of credit, and hereby authorizes you to release all credit information to: lessors, banks, lending institutions, income tax reporting agencies, credit reporting agencies, financing entities, and or their assigns which may be required to process the undersign's loan request, including, but not limited to the following:

The status and history of depository information, including: checking and savings account balances, real estate loan and/or mortgage information, including current balance, monthly payment amounts, payment history, terms and payment history for personal loans, consumer credit, and trade accounts.

You are expressly authorized to complete any verification forms to which this executed authorization or a facsimile thereof is attached. This authorization or its facsimile shall have the same force and effect as though the undersigned had executed such verification request form.

A copy or facsimile of this form (being a facsimile or copy of the Authorization signature) shall have the same force and effect as the original.

***Thank you for your assistance.***

**Applicant:** \_\_\_\_\_  
Print or Type Your Name

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(NO PO BOXES)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax Number** \_\_\_\_\_  
(Must be your home phone number, not the business or cell numbers)

# EQUIPMENT LIST

Use this form/format for this program.

**Please Print:** Note quantity, age of equipment, manufacturer name/make, model number/information/complete description of the piece, list the serial number, and note the approximate price you paid for each item.

Add the total dollar amount of each page, and arrive at a grand total then FAX: the Application, the Credit Release form, and the Equipment List form FAX TO: 888.547.7993

Please **PRINT** and include **ALL** of the following information, line item by line item:

<u>Quantity:</u>	<u>Age:</u>	<u>Mfg./Make:</u>	<u>Model No.</u>	<u>Detailed Description:</u>	<u>Serial No.</u>	<u>Purchase Price:</u> <b>(Approx.)</b>
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						

**TOTAL THIS PAGE**

\$ \_\_\_\_\_