



Application

1-866-757-0244

Send app to-
 Fax 1-866-591-6537
 or ksully@adiacapital.com

BUSINESS	BUSINESS NAME		TRADE NAME (DBA if applicable)		CONTACT
	BUSINESS ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
	COUNTY	PHONE #	FAX #	E-MAIL	
	EQUIPMENT LOCATION IF DIFFERENT FROM ABOVE		(CITY)	(STATE)	(ZIP CODE)
	OWNERSHIP: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> L.L.C.				FEDERAL EIN TAX ID
	NUMBER OF EMPLOYEES	NATURE OF BUSINESS		DATE BUSINESS STARTED - IF NEW , WRITE-IN "START UP"	

OWNERSHIP	PRINCIPAL #1 NAME		TITLE	% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	DRIVER'S LICENSE #	STATE ISSUED	PLACE OF EMPLOYMENT	CELL PHONE #	E-MAIL		
	PRINCIPAL #2 NAME		TITLE	% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	DRIVER'S LICENSE #	STATE ISSUED	PLACE OF EMPLOYMENT	CELL PHONE #	E-MAIL		

HAS THE APPLICANT OR ANY GUARANTOR EVER HAD: <input type="checkbox"/> Repossession <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Judgement <input type="checkbox"/> None			IF APPLICABLE, WHEN?	DATE SETTLED/DISCHARGED/RELEASED
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EQUIPMENTS	VENDOR		SALES PERSON	Phone #
	EQUIPMENT TO BE FINANCED			<input type="checkbox"/> NEW <input type="checkbox"/> USED
	TERM REQUESTED (24-60 MONTHS)	EQUIPMENT COST	FREIGHT	TOTAL FINANCED

The applicant(s) certifies that all information contained in this application, and all attachments hereto, are true and complete to the best of the applicant(s) knowledge, and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorize us and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now, from time to time, and at any time in the future, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorize any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) ACL. and/or its assigns. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimile signature shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. A non-refundable documentation fee will be required for the preparation and distribution of lease documents.

X _____
 Applicant's Signature Title Date

X _____
 Applicant's Signature Title Date