



FINANCE APPLICATION

BUSINESS

(Please Print)

Legal Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

Type of Business _____ Date Established Under Current Ownership _____

Federal Tax ID: _____ D&B: _____

Contact Email Address: _____

BANKS

(Bank Accounts should be at least two years old. If less, please provide previous bank references also)

Bank Name: _____ Phone #: _____ Contact Name: _____

Account Under Name: _____ Account Number: _____

Average Balance: _____ Current Balance: _____

Bank Name: _____ Phone #: _____ Contact Name: _____

Account Under Name: _____ Account Number: _____

Average Balance: _____ Current Balance: _____

OWNERSHIP

Business Structure: DBA: _____ LLC: _____ Corp: _____ Partnership: _____ Other: _____

Date of Incorporation: _____ State of Incorporation _____

Any Legal Action Filed Against Business and/or Principals? _____ (If yes, describe on separate sheet)

Sales Tax - Exempt # _____

PRINCIPALS

(Must list **all** principals – 100% of Ownership – Add Additional Page if Needed)

Principal Name: _____ DOB: _____ Title: _____ % Ownership: _____

Home Address _____ Own or Rent: _____ How Long _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Social Security Number: _____

Prior Bankruptcy? _____ Prior Repossession? _____ Tax Liens? _____ Unpaid Judgments? _____

Principal Name: _____ DOB: _____ Title: _____ % Ownership: _____

Home Address _____ Own or Rent: _____ How Long _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Social Security Number: _____

Prior Bankruptcy? _____ Prior Repossession? _____ Tax Liens? _____ Unpaid Judgments? _____

TRADE REFERENCES

Company Name: _____ City: _____ State: _____

Contact Name: _____ Phone : _____ Fax: _____ Account#: _____

Company Name: _____ City: _____ State: _____

Contact Name: _____ Phone : _____ Fax: _____ Account#: _____

Company Name: _____ City: _____ State: _____

Contact Name: _____ Phone : _____ Fax: _____ Account#: _____

TRUCKING INFORMATION (If applicable)

Apportioned Plates Yes No DOT #: _____ MC/ICC# _____

How Many Years Have You Had a CDL? _____ Years as Owner/Operator _____

Number of Trucks in Fleet: _____ Number of Trailers in Fleet: _____

Titling Address: _____

City: _____ State: _____ Zip: _____ County: _____

Insurance Company: _____ Agents Name: _____

Phone Number: _____ Fax Number: _____

EQUIPMENT OVERVIEW

Type of Equipment You Want to Purchase: _____

Equipment Make: _____ Model: _____

Identification Number: _____ Year Manufactured: _____

Purpose of Equipment: _____

Equipment for First Purchase: _____ Expansion: _____ Replacement: _____

Will this Equipment generate revenue for your business? _____ How Much: _____

Explain: _____

Location of Equipment: _____

Equipment Vendor: _____ Contact Person: _____

Phone: _____ Extension: _____ Fax: _____

Purchase Price: \$ _____ Amount of Money for Down Payment/Security Deposit: \$ _____

Do you have a detailed product description and quote from a dealer/vendor? _____

If yes, Please send copy of description and quote with this form.

ASSETS / EQUIPMENT OWNED

Equipment Type	Year	Make	Model	Vin #	Mileage	Title in Hand
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I/we hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary. I/we agree that the advanced amount is not refundable unless the application is rejected by Lessor. By the execution of the lease agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant it is understood that the Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect. By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Brahma Lending & Leasing, it's designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original. I consent to receiving faxes/emails from Brahma Lending & Leasing.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Please return to: Brahma Lending & Leasing, E-mail – info@brahmalending.com or Fax – (208) 650-7031