



Want more information on our special financing programs?

Call Justin Stream at (714) 985-6240

Fax (714) 986-1225

Justin.Stream@providencecapitalfunding.com

Finance Application

Lessee Information

Company Name:		
Contact Name:	Phone Number:	Annual Sales:
Address:		
City:	State:	ZIP Code:
Years in Business:	Average Bank Account Balance:	Number of Employees:
Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Federal Tax ID No:
Is this your first Business Loan? If not, what's the highest amount borrowed?		

Personal Information

Applicant 1	Name:		
	Address:		City, State, Zip:
	Phone:	E-mail:	Social Security No:
	Title:		Ownership Percentage:
Applicant 2	Name:		
	Address:		City, State, Zip:
	Phone:	E-mail:	Social Security No:
	Title:		Ownership Percentage:
Applicant 3	Name:		
	Address:		City, State, Zip:
	Phone:	E-mail:	Social Security No:
	Title:		Ownership Percentage:

Equipment Description

Equipment Cost: \$39,995.00	Vendor: Botanique Preservation Equipment Inc.	Rep: Rich DeLong	Phone: 623-826-5918
Equipment Description: Model 20DX40 Freeze Dryer		Term: 36/48/60 Month "Lease to Own" Terms Available	

Declaration

IMPORTANT— APPLICANT READ BEFORE SIGNING

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Lessor/Secured Party to obtain from third parties, including Applicant's bank, information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Lessor/Secured Party, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released to Lessor/Secured Party by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, the information you provide may be verified to allow us to identify you.

Signature of Applicant:	Date:
Signature of Applicant:	Date:
Signature of Applicant:	Date: