



Main Office
T 800 553-9208
F 800 553-9192

Easy Credit Application www.intechfunding.com

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE NO: () _____ FAX NO: () _____ YEARS IN BUS: _____ FED I.D.# _____

EMAIL ADDRESS: _____ EQUIPMENT LOCATION: _____

ANNUAL SALES FOR THE PRIOR FISCAL YEAR: \$ _____ MAJOR CUSTOMER: _____ % OF SALES _____

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

PRINCIPALS: (If more than 2 principals, please include information on a separate sheet)

NAME/TITLE: _____ % OWNER _____ SS# _____

HOME ADDRESS: _____ HOME PHONE: () _____

NAME/TITLE: _____ % OWNER _____ SS# _____

HOME ADDRESS: _____ HOME PHONE: () _____

ARE THERE ANY SUITS, LIENS OR JUDGMENTS AGAINST ANY OF IT'S PRINCIPLES? _____

BANK REFERENCE: _____ PHONE NO. () _____

CONTACT OFFICER: _____ ACCOUNT # _____

EXISTING EQUIPMENT FINANCED WITH:

NAME: _____ PHONE NO. () _____ ACCT # _____

NAME: _____ PHONE NO. () _____ ACCT # _____

NAME: _____ PHONE NO. () _____ ACCT # _____

TRADE REFERENCES:

NAME: _____ PHONE NO. () _____

NAME: _____ PHONE NO. () _____

NAME: _____ PHONE NO. () _____

EQUIPMENT TO BE FINANCED: _____

EQUIPMENT SELLER: _____ EQUIPMENT PRICE: _____

The undersigned certifies they are applying for business purposes only and authorizes Intech Funding Corp. or its assignee to investigate all information contained herein and accompanying this application. The undersigned authorizes and requests all parties to release any information requested concerning personal or business credit standing.

SIGNATURE

DATE

Fax your completed credit application to **Wayne Magliulo** , **Intech Funding Corp** . at **(707) 765- 0320**.
For additional information call **Wayne Magliulo** at **(707) 765-0330** or **707-696-7817-cell**