

FINANCING APPLICATION

The Silver Edge Finance Group

PLEASE COMPLETE and fax to 817-451-3339

- Required items in **bold italics**.
- For transactions over \$150,000, two years' financial statements and interims will be required.
- If in business 3 years or fewer, or if 20 employees or fewer, personal information may be required. When transaction exceeds \$150,000, two years' tax returns and personal financial statement also required.

Customer and Billing Information

Company Legal Name _____ Phone No. _____

Fax No. _____ Email Address _____

Tradestyle _____ D&B # _____ Federal Tax ID # _____

Billing Address _____ City _____ State _____ Zip _____

Equipment Address _____ City _____ State _____ Zip _____

Years in Business _____ No. of employees _____ Business Description _____ State of Incorporation _____

Type of Business: Sole Proprietor _____ Corporation _____ Partnership _____ Other (LLC, LLP, etc..) _____

Parent Company Name _____ City _____ State _____ Zip _____

Personal Information of Proprietor

Principal Name _____ Date of Birth _____ Soc. Sec. No. _____

Home Address _____ City _____ State _____ Zip _____

Bank/Lease References

Name of Bank _____ Checking Account No. _____

Phone No. _____ Contact _____ Loan Account No. _____

Leasing Company _____ Phone No. _____ Account No. _____

Authorization for Disclosure of Credit Information (THIS MUST BE SIGNED)

The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account.

A photostatic or facsimile copy of this authorization shall be valid as the original.

Authorization for Disclosure of Business Credit Information

Applicant hereby authorizes the release of credit information to Ditch Witch, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

Signature _____
(Authorized Representative of Credit Applicant)

Name _____ Date _____
(Please Print Name)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

If your application for business credit is denied or conditionally approved, you have the right to a written statement of the reasons for the denial or the conditional approval.

Authorization for Disclosure of Personal Credit Information

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Ditch Witch, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau.

Signature _____
(An Individual)

Name _____ Date _____
(Please Print Name)