

FINANCING APPLICATION

PLEASE COMPLETE and email to **INFO@DITCHWITCHPRO.COM**

(Required items in ***bold italics***)

Customer and Billing Information:

Company Legal Name _____ ***Phone No.*** _____

DBA _____ ***Federal Tax ID #*** _____

Fax No. _____ ***Email Address*** _____

Billing Address _____ ***City*** _____ ***State*** _____ ***Zip*** _____

Equipment Address _____ ***City*** _____ ***State*** _____ ***Zip*** _____

Annual Revenue \$ _____

Type of Business (X): Sole Proprietor ____ C Corp ____ S Corp ____ Partnership ____ Other (LLC, LLP, etc....) ____

Date Started _____ ***Years Under Current Ownership*** _____ ***# of employees*** _____ ***State Incorporated*** _____

Parent Company Name _____ City _____ State ____ Zip _____

Personal Information of Proprietor:

Principal Name _____ ***Date of Birth*** _____ ***Soc. Sec. No.*** _____ ***US Citizen (Y/N)*** _____

Home Address _____ ***City*** _____ ***State*** _____ ***Zip*** _____ ***Ownership %*** _____

Principal Name _____ ***Date of Birth*** _____ ***Soc. Sec. No.*** _____ ***US Citizen (Y/N)*** _____

Home Address _____ ***City*** _____ ***State*** _____ ***Zip*** _____ ***Ownership %*** _____

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 photo static 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 Silver Edge Finance Group, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicants bank. I hereby represent that all the information contained in this credit application is true, correct and complete. This Authorization is continuing for future extensions of credit and extends to lending sources to whom we submit this application for credit review and potential funding.

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 Silver Edge Finance Group, or its designee (and any assignee or potential assignee thereof) authorizes review of his/her personal credit profile from a national credit bureau. This Authorization is continuing for future extensions of credit and extends to lending sources to whom we submit this application for credit review and potential funding.

Signature _____

(An Individual)

Name _____ Date _____

(Please Print Name)