

EQUIPMENT FINANCE APPLICATION

Questions, please contact Joan Peterson, Finance Manager at 678-953-9652 or e-mail joan@pmgs.tech
IMPORTANT INFORMATION: If you are applying for individual lease or for joint lease with another person (including a joint account or an account that you and another person will use) complete all sections providing information about each individual applicant, joint applicant or user. If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.

BUSINESS INFORMATION										
Legal Business Name			DBA Na	me			Tax Identificat	ion No.		
Street Address (no P.O. Boxes	reet Address (no P.O. Boxes) Billing Address (P.O. Boxes)			☐ Sole Proprietorship		
City/County/State/ZIP □ Individuals applying join									als applying jointly	
Equipment Location (if different	t from above):	Street Add	dress/City/County/Sta	te/ZIP					ness purpose lease Partnership	
Contact Phone			e No.				☐ Limited Partnership☐ Corp. or Ltd. Liability Co.			
Nature of Business	Time in Busin	iess	Time as Owner	,			Revenue	Date of Org.		
Is your business sales tax exempt?	number: NO YES	 	E-Mail Addre	ss			of Org			
								□ Other:		
GUARANTOR INFORMATI	ON (ALL 20% OR			ITORS)						
Principal/Partner/Officer			Title	% Ownersh	nip Date of	Birth	Social Securit	y #	U.S. Citizen □YES □ NO	
Home Address			City		State	ZIP	Home (Phone)		
Billing Address (if different)			City		State	ZIP	Pho (one)		
Principal/Partner/Officer			Title	% Ownersh	nip Date of	Birth	Social Securit	y #	U.S. Citizen ☐ YES ☐ NO	
Home Address		I	City	II.	State	ZIP	Home P	hone)	•	
Billing Address (if different)			City		State	ZIP	Phone			
							()		
EQUIPMENT INFORMATIO	N .									
Please indicate the equipment you are planning to acquire:										
Equipment Supplier:					Estimated Total Equipment Costs: \$			TERM Months		
Structure:										
BANK REFERENCE				Off.				Disame No		
Bank Reference Name			Account/Loan Officer				Phone No.			
Account type: Account No. Current Balance Average Balance (6 months) Checking Savings Loan Line of Credit \$										
"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes, C.R. Onsrud Finance. (CROF), its Agents or Assigns, to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the Lease is approved, from time to time during the term of the Lease. In addition to the information requested on this										
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