



Financing Application

Return to
Doug Richters
 Fax to 937-473-5990

LESSEE / APPLICANT INFORMATION					
Legal Business Name or Farm Name				Phone	
Address (Street, R.R. - no PO Box)				Fax	
City		County		State Zip	
Type of Business or Farm				Contact	
Corporation <input type="checkbox"/> C <input type="checkbox"/> S	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Federal Tax ID Number	State of Incorp.	Date Established/Time in Business
# of Acres owed		Real estate worth		Amount owed on real estate	Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRINCIPAL INFORMATION (President, Owner or Partners)					
Name 1			Title	Social Security #	
Home Address		City		State	Zip
Home Phone					
Name 2			Title	Social Security #	
Home Address		City		State	Zip
Home Phone					
BANKING INFORMATION					
NAME / BRANCH	CITY/STATE	CHK. ACT. #	PHONE	CONTACT	
TOTAL ASSETS & TOTAL LIABILITIES INFORMATION					
Total Assests Amount		Total Liabilities Amount		Net Worth	
TRADES OR FINANCE REFERENCES (Include other Business Leases, Loans & Suppliers)					
NAME	CITY/STATE	ACCT #	PHONE	CONTACT	
Landlord/Mortgagor	City/State	Yrs at Location	Phone	Contact	
VENDOR / EQUIPMENT INFORMATION					
Name			Phone	Contact	
Address		City		State	Zip
Fax					
Equipment To Be Leased - Description					
<input type="checkbox"/> Used <input type="checkbox"/> New	Term (months)	Advance Payments	Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1	SalesTax Rate (%)	Total Cost (Without Tax)
<p>By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligations authorizes the release of any credit information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving and trade accounts to Accord Financial Group and/or its assignees or potential assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.</p>					
Signature #1: _____		Date _____	Signature #2: _____		Date _____