



**Application**  
 Return to  
 Darryl Sandri  
 Fax: (937) 473-5990

LESSEE / APPLICANT INFORMATION					
Legal Business Name/Lessee					Phone
Address (Street, R.R. - no PO Box)			E-mail address		Fax
City	County	State	Zip	Cell Phone/Pager	
Type of Business					Contact
Corporation <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> LLC	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Federal Tax ID Number	State of Incorp.	Date Established/Time in Business
Equipment Location (if different than above)					
PRINCIPAL INFORMATION (President, Owner or Partners)					
Name 1		Title	Ownership %	Social Security #	
Home Address		City	State	Zip	Home Phone
Name 2		Title	Ownership %	Social Security #	
Home Address		City	State	Zip	Home Phone
BANKING INFORMATION					
NAME / BRANCH	CITY/STATE	CHK. ACT. #	PHONE	CONTACT	
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
Equipment To Be Financed - 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	Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No Tax Rate (%)	Total Cost (Without Tax)

Each undersigned individual, who is either a principle of the credit applicant or a personal guarantor of its obligations, authorizes release of any credit reference 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. 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 credit, and for reviewing or collecting the resulting account. A photocopy or fax of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_ Date \_\_\_\_\_