



CAPITAL RESOURCE MANAGEMENT

1783 SOUTH WASHINGTON STREET, SUITE 100 B, NAPERVILLE, IL 60565

PH: 630-420-2020 FAX: 630-420-2121

EMAIL: LEASEHERE@AOL.COM

COMMERCIAL FINANCE APPLICATION

INSTRUCTIONS: Please review and complete as thoroughly as possible.

Then **fax to 630-420-2121**, or **email to LEASEHERE@AOL.COM**

All information you provide will help expedite your credit decision.

If more than two owners, attach an additional sheet with information requested. We will contact you if we need any missing information.

Lastly, if you have multiple locations, please let us know in the notes section at the bottom of this application, or on a separate page.

Legal Business Name					
Address		City, ST, Zip			
Contact	Title	PH	Ext Fax		
Equipment Location					
Nature of your Business and Use of Equipment					
Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	State of Incorporation	Date YOU Started Business	# of Employees

PRINCIPALS / OWNERS OF THIS BUSINESS

1) Legal Name	2) Legal Name		
Home Add	Home Add		
City, ST, Zip	City, ST, Zip		
Home Ph#	Home Ph#		
Social Security #	Social Security #		
Legal Title	Ownership Percent	Legal Title	Ownership Percent

YOUR MAIN BUSINESS BANK REFERENCES (if none, please use personal banking info)

1) Bank Name	2) Bank Name		
Checking Acct #	Checking Acct #		
Officers Name	Open Date	Officers Name	Open Date
Ph#	Ext:	Ph#	Ext:

EQUIPMENT SUPPLIER:	Contact	Ph #
Equipment Description	Approximate Cost \$	

RELEASE: By signing below, the individual as principal of and/or guarantor for the applicant, authorizes Capital Resource Management, its designees, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus and other references provided in considering this application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. Additionally, I authorize all deposit, borrowing, and trade information to be released to same. A fax or photocopy of this authorization shall be valid as the original. To the best of my knowledge, all of the information contained herein is accurate and true.

SIGNATURE(S):	Date:
SIGNATURE(S):	Date:

Notes: