APPLICATION FORM

Curtis Funding Group, LLC 61 Oakwood Dr., Coldwater, MI 49036 888.510.1355



for EQUIPMENT LEASE or EQUIPMENT FINANCE AGREEMENT

FAX completed application to 888.548.9213 or email to info@curtisfunding.com

888.510.1355

TAA completed application to 666.546.9213 or email to injowcard	· ·						888	.510.135	
BUSINESS NAME	USINE	SS INFO	RMATION	FED TAX II) #·	INCO	RPORATION DATE:	# OF EMPs	
BOSINESS NAME				I LD TAX II	J #.	INCO	NFORATION DATE.	# Of LIVIES	
TRADE NAME IF DIFFERENT FROM ABOVE, or DBA:	PRIMARY	CONTACT:				WEBS	SITE:		
	EMAIL:								
TYPE OF BUSINESS (Corporation, Proprietorship, LLC, Other):	Direct PH	(if different):				PHON	IE#		
BUSINESS ADDRESS:	CITY:		STATE:	ZIP:		COUN	.ITV·		
BOSINESS ADDRESS:	CITY:		STATE:	ZIP:	:	COON	VIII.		
01	WNIEDS	LUD INEC	RMATION						
SHAREHOLDER/PARTNER/OWNER (1)	WNERS	DHIP INFO	RIVIATIO	V		% OW	NERSHIP IN COMPA	NY	
TITLE:		EMAIL ADDF	RESS			SOC S	SEC#		
HOME ADDRESS:		DO YOU OW	DO YOU OWN OR RENT?				HOME PHONE #		
CITY:	STAT	E:	ZIP C	ODE:		CELL	PHONE #		
SHAREHOLDER/PARTNER/OWNER (2) IF APPLICABLE						% OWNERSHIP IN COMPANY			
TITLE:	EMAIL ADDF	EMAIL ADDRESS:				SOC SEC #			
HOME ADDRESS:		DO YOU OW	OO YOU OWN OR RENT?			HOME PHONE #			
CITY:		STATE:		ZIP CODE:		CELL PHONE #			
LIST A SUMMARY OF THE EQUIPMENT TO BE FINANCED:			RMATION ER W/ CONTACT				PRICING	NEW / USED	
	,,,,			0			111101110	11211 / 0025	
INSTALL LOCATION (IF DIFFERENT):									
COMP	PANY E	SANK INF	ORMATIC)N **					
** To expedite application process, please include last 3	monthly	, summario	s of husines	s chacking	acct (i	nage s	showing ava hal	ance & acct #)	
INSURANCE						page	snowing avg bai	ance a acct #j	
INSURANCE AGENCY		Со	Contact name:			Phone:			
ACCOUNTING FIRM		Со	ntact name:				Phone:		
AC	DITIO	NAL INFO	RMATIO	١					
If application is for more than \$50,000, or if company is younger than the latest interim statements on the company, and/or personal fi	nan four yo	ears, addition	al information he owners O	may be requ	ested, su	ich as t	wo year-end finan-	cial statements	
					•	•		**	
If there is additional information available, that you would like to p	provide to	neip us reach	a lavorable de	ecision, pieas	e reer rre	ee to su	omit with this app	ncation. Thank you .	
			CONS						
By signing this form, the signor (s), who is a principal of t applicant, confirms that the information you have given to Curtis Fund			ners (10% o	r more) MU	JST sig	n			
LLC, in respect of this application is true and complete. You authorize Funding Group, LLC or its designee(s), assignee(s) or any lending source.	Curtis								
this application is submitted (hereinafter collectively "us", "we", or "or"	") to reviev	v /							
or obtain any information it may request from any business or consumer agencies or other sources that provide credit reports, account history information in the contract of t		S	IGNATURE					DATE	
credit and employment history or similar information. If your application is approved, you authorize us to collect,	, hold, use,				PRIN	TED NA	ME		
exchange and disclose your personal information, as required, in order administer your contract, determine your insurance eligibility, and secu	to								
being financed, or as required or permitted by law. Additionally, the	is		SIGNATURE						
authorization permits us to share and exchange information a request, obtain and review bank, financial or other information									
past, present, or potential creditors. You also authorize us to use					PRIN	ITED NA	ME		
personal information for internal statistical analysis purposes.						l lse se	eparate, or additional,	authorization if needer	