

14550 N Frank Lloyd Wright, Ste. 110 Scottsdale, AZ 85260

Ph. 800-211-3071 x115

Finance Application



Quick & Online Easy Application click: Apply Now

https://www.amerifund.cc/easy-app.html

Dir. 480-424-3488 andrew@amerifund.cc www.amerifund.cc

Date:

Please fax completed application to 800.211.3072

Andrew Reed

Dir. 480-424-3488 Fax 480-607-0125 Rev 0216 Vendor Lessee Company Name: Company Name: Fed Tax ID: DBA: Address: Address: City, State & Zip: Telephone: Fax: City, State & Zip: Business Phone #: Contact Name: _____ Phone #: ____ Bank References e-Mail: Fax: Principal Bank: **Business Description:** Time In Business Under Current Ownership: Account Numbers: Type of Business: S-Corp □LLC Proprietorship Telephone: Partnership ☐ Corporation ☐ Non-Profit Contact: Personal Information on Officers, Partners or Owners Name: Name: Home Address: Home Address: City, State & Zip: City, State & Zip: Telephone: Telephone: Social Security #: % Ownership: Social Security #: % Ownership: By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A copy or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. Signature: Signature: Print Name: Print Name: Date: Date: Equipment to be Leased (Attach equipment schedule if necessary) Address of Installation: Purchase Price Description Serial Number(s) Quantity Model (w/o tax) **Proposed Lease Terms** Monthly Payment*:

*Does not include sales tax. Number of Months: Equipment Cost: Purchase Option: I hereby represent all information is true, correct and complete. A facsimile copy of this authorization shall be valid as the original.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age ((provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.

Title:

(Authorizing Officer Signature)

(Please Print Name)

Signature:

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.