



CUSTOMER INFORMATION:

COMPLETE LEGAL NAME OF BUSINESS (including any dba's):		DATE BUSINESS STARTED: (under current ownership)		<input type="checkbox"/> SOLE PROP	<input type="checkbox"/> LLC	<input type="checkbox"/> NON-PROFIT
				<input type="checkbox"/> S-CORP.	<input type="checkbox"/> C-CORP.	<input type="checkbox"/> PARTNERSHIP
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	COUNTY	
PHYSICAL ADDRESS OF EQUIPMENT (if different than above)		CITY	STATE	ZIP CODE	COUNTY	
PHONE NUMBER	FAX NUMBER	CONTACT PERSON		E-MAIL ADDRESS		
FEDERAL TAX ID#	TYPE OF BUSINESS	HAS THE BUSINESS OR ANY PRINCIPAL/ OWNER EVER DECLARED BANKRUPTCY?				

OWNER/STOCKHOLDER INFORMATION: IF MORE THAN TWO OWNERS, PLEASE USE ANOTHER SHEET

PRINCIPAL #1 NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	
PRINCIPAL #2 NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	

BANK REFERENCE:

BANK NAME	ACCOUNT #	CONTACT	PHONE
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***** PLEASE PROVIDE THE FRONT PAGE OF YOUR MOST RECENT THREE (3) MONTHS BANK STATEMENTS TO SPEED YOUR APPROVAL *****

LEASE/LOAN REFERENCE:

CREDITOR	ACCOUNT #	ORIG LEASE/LOAN AMOUNT	CONTACT	PHONE
CREDITOR	ACCOUNT #	ORIG LEASE/LOAN AMOUNT	CONTACT	PHONE

VENDOR/EQUIPMENT INFORMATION: PLEASE ATTACH EQUIPMENT QUOTE OR INVOICE, IF AVAILABLE

VENDOR NAME	ADDRESS	CONTACT
PHONE	TYPE OF EQUIPMENT	APPROXIMATE COST
TERM REQUESTED <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> OTHER	END OF TERM <input type="checkbox"/> \$ 1 out <input type="checkbox"/> 10% <input type="checkbox"/> FMV <input type="checkbox"/> OTHER	AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED
		MODEL YEAR (if used)

CREDIT RELEASE AUTHORIZATION:

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. 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. The undersigned also hereby authorizes our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I/we hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute lessee's/debtors name thereto. A photostat 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 this application.

Print Name: _____ Signature #1: _____ Title _____ Date: _____
 Print Name: _____ Signature #2: _____ Title _____ Date: _____

PLEASE FAX OR EMAIL COMPLETED APPLICATION TO:
 ATTENTION: SKIP WEHNER - FAX 303.865.3989 - EMAIL: skipw@specialtycoffeefinance.com