

LEGAL NAME OF BUSINESS

ADDRESS **CITY** **COUNTY** **STATE** **ZIP**

PHONE **FAX** **CONTACT** **TAX ID #**

E-MAIL ADDRESS **WEB-SITE ADDRESS**

EQUIPMENT LOCATION **CITY** **COUNTY** **STATE** **ZIP**
 (IF DIFFERENT THAN ABOVE)

BUSINESS TYPE *(Check one)* **TIME IN BUSINESS** **NATURE OF BUSINESS**
 CORPORATION PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY CORPORATION Years in Business _____

PRINCIPAL(S) **TITLE** **SOCIAL SECURITY NO.** **HOME ADDRESS**

1. _____

2. _____

BANK REFERENCES **ACCT. No.** **ACCOUNT TYPE** **CONTACT** **PHONE**
 (LIST ALL BANKS USED FOR LAST 5 YEARS)

1. _____

2. _____

TRADE/CREDIT REFERENCE **ACCOUNT No.** **PHONE No.** **CONTACT**

1. _____

2. _____

3. _____

INSURANCE AGENT *Name, Contact, and Phone No.*

EQUIPMENT DESCRIPTION

VENDOR **PHONE No.**

EQUIPMENT COST **RATE FACTOR** **TERM OF LEASE**

PAYMENT **ADVANCES** **RESIDUAL**

BANK AND TRADE RELEASE

I HEREBY AUTHORIZE OUR BANK AND TRADE REFERENCES TO RELEASE THE INFORMATION REQUESTED BY TRUST CAPITAL AND/OR ITS ASSIGNS REGARDING OUR COMPANY'S ACCOUNTS WITH YOUR FIRM. I ALSO AUTHORIZE YOU TO OBTAIN PERSONAL CREDIT INFORMATION ON ALL PRINCIPALS AND OR GUARANTORS LISTED ABOVE, FROM ANY REPORTING AGENCY, USED BY TRUST CAPITAL AND/OR ITS ASSIGNS PLEASE RESPOND TO THEIR TELEPHONE REQUEST OR BY FAX IF YOU NEED WRITTEN PROOF OF THE REQUEST AND OUR RELEASE.

THIS IS YOUR WRITTEN AUTHORIZATION TO RELEASE THE INFORMATION REQUESTED.

BY: **X** _____

DATE: _____

BY: **X** _____

DATE: _____

