

Main Office:
1398 Wilmington Pike
West Chester, PA 19382



Joe Leonard
Phone: (877) 701-2391 x 113
Fax: (800) 843-2948
jleonard@oakmontfinance.com

CREDIT APPLICATION - ALL OWNERS MUST BE DISCLOSED

BUSINESS TYPE: (CHECK ONE) <input type="radio"/> SOLE PROPRIETOR <input type="radio"/> PARTNERSHIP <input type="radio"/> CORPORATION <input type="radio"/> S-CORPORATION <input type="radio"/> LLC <input type="radio"/> LLP					
LEGAL BUSINESS NAME:			D / B / A:		
NATURE OF BUSINESS:		FEDERAL ID #:		TIME IN BUSINESS:	
MAILING/BUSINESS ADDRESS:		CITY:	STATE:	ZIP:	COUNTY:
BUSINESS PHONE:		BUSINESS FAX:		CELL:	
EXT.:					
WEBSITE:		LOCATION WHERE EQUIPMENT IS KEPT (IF DIFFERENT FROM ABOVE)			
ANNUAL REVENUE:	# OF EMPLOYEES:	DATE OF INCORPORATION:	STATE OF INCORPORATION:	BUSINESS START DATE:	
GUARANTOR 1 FULL NAME	TITLE	SOCIAL SECURITY #	% OWNED	DATE OF BIRTH	HOME ADDRESS
Home Phone:	Cell Phone:	E-mail:		Are you a homeowner? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever filed for bankruptcy protection? <input type="radio"/> Yes <input type="radio"/> No If yes, what was the discharge date?					Country of Citizenship
GUARANTOR 2 FULL NAME	TITLE	SOCIAL SECURITY #	% OWNED	DATE OF BIRTH	HOME ADDRESS
Home Phone:	Cell Phone:	E-mail:		Are you a homeowner? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever filed for bankruptcy protection? <input type="radio"/> Yes <input type="radio"/> No If yes, what was the discharge date?					Country of Citizenship
GUARANTOR 3 FULL NAME	TITLE	SOCIAL SECURITY #	% OWNED	DATE OF BIRTH	HOME ADDRESS
Home Phone:	Cell Phone:	E-mail:		Are you a homeowner? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever filed for bankruptcy protection? <input type="radio"/> Yes <input type="radio"/> No If yes, what was the discharge date?					Country of Citizenship
BANK / MONEY MARKET ACCOUNTS		ACCOUNT #		TELEPHONE #	CONTACT PERSON
BUSINESS LOAN REFERENCE		ACCOUNT #		TELEPHONE #	CONTACT PERSON
VENDOR / EQUIPMENT INFORMATION					
VENDOR:		ADDRESS:		CITY, STATE, ZIP:	SALE PRICE:
CONTACT:		PHONE:	FAX:	EMAIL:	FINANCE REQUEST:
<input type="radio"/> New	YEAR: MAKE:	MODEL:	DESCRIPTION:	VIN / SERIAL:	DELIVERY DATE:
<input type="radio"/> Used					

I hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/we agree that any security deposit paid is not refundable unless the application is rejected. By the execution of any lease/loan agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant that it is understood that Creditor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, or for any other reason, and I/we will indemnify Creditor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended equipment based on the information contained herein.

_____ **X** _____ **X** _____ **X** _____
 GUARANTOR 1 SIGNATURE GUARANTOR 2 SIGNATURE GUARANTOR 3 SIGNATURE

BY CHECKING THIS BOX AND TYPING NAME ABOVE, I/WE ELECTRONICALLY SIGN THE APPLICATION