

CMG Leasing - APPLICANT BUSINESS INFORMATION

Company Legal Name:			
DBA (If applicable):			
Company Address:			
City:	State:	Zip:	
Telephone Number:	Fax Number:		
Email Address:			
Date of Incorporation:			
Federal Tax I.D. #:			
Business Type:	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Years in Business:			

BUSINESS BANK REFERENCES

1st Business Account Bank/Branch:			
Officer/Phone:			
Account Number:			
Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market		
Loans at this bank:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Opened: _____		
Business Account Bank/Branch:			
Officer/Phone:			
Account Number:			
Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market		
Loans at this bank:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Opened: _____		

LOAN & TRADE REFERENCES

Firm Name:			
City:	State:		
Contact:	Phone:		
How Long?	High Credit:		
2 nd Firm Name:			
City:	State:		
Contact:	Phone:		
How Long?	High Credit:		

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Owner 1 Name:						
Title:						
SSN#:						
Home Telephone:						
Home Address:						
City:		State:		Zip:		
Previous Address: (If Less than two years)						
City:		State:		Zip:		

Owner 2 Name:						
Title:						
SSN#:						
Home Telephone:						
Home Address:						
City:		State:		Zip:		
Previous Address: (If Less than two years)						
City:		State:		Zip:		

VENDOR & EQUIPMENT INFORMATION

Vendor Name:						
Contact:						
Phone:		Fax:				
Address:						
City:		State:		Zip:		
Equipment Description:						
Equipment Condition:	<input type="checkbox"/> New <input type="checkbox"/> Used					
Cost (without Tax):						
Monthly Payment:						
Terms Requested:	<input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years		Special:			
Location of Equipment:						

By submitting this application, I, authorize CMG Management, LLC., it's agents or assigns to investigate my/our credit worthiness, as you deem necessary. I/We hereby authorize my/our references and/or any Credit Bureaus to release my/our information. I/We warrant that the information submitted herein is true and correct.

Signed:		Date:	
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