



MORELAND CAPITAL



BUSINESS INFORMATION				
Business Name:			Telephone:	
Address:			Fax:	
City:	State:	Zip:	Years in Business	Federal Tax ID No.
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> LLC				

PRINCIPLES OWNERS			
Name:	Title:	% Ownership:	Social Security Number:
Home Address:	City:	State:	Zip:
Name:	Title:	% Ownership:	Social Security Number:
Home Address:	City:	State:	Zip:

CREDIT REFERENCE			
Business Bank:	Account #:	Telephone:	Contact:
Business Bank:	Account #:	Telephone:	Contact:
Trade Supplier:	Account #:	Telephone:	Contact:

EQUIPMENT	
Credit Requested:	General Description:
Term (in months): 24 36 48 60	Purchase Option: <input type="checkbox"/> Fair Market Value <input type="checkbox"/> \$1.00 buy Out <input type="checkbox"/> 10% Residual

VENDOR			
Name:	Contact:	Telephone:	Fax:
Address:	City:	State:	Zip:

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes Moreland Capital and its affiliates to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim that such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Applicant Signature: _____ Title: _____ Date: _____

Applicant Signature: _____ Title: _____ Date: _____

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