

BENDER-CAREY

C A P I T A L

BENDER-CAREY CAPITAL CREDIT APPLICATION

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BUSINESS INFORMATION

Business Name

DBA:

Business Address: Street:

City:

State:

ZIP Code:

Choose One: Equipment Financing & Leasing Working Capital

Choose One: Corporate Only Guarantor(s)

Years & Months in Business

Industry:

Bus. Phone:

Federal Tax ID:

Bus. FAX:

APPLICANT INFORMATION

Applicant Name:

Applicant Title/Position:

How long?

Phone:

Email:

Fax:

Guarantor #1 Name:

Guarantor #1 Phone:

Percent Ownership:

Guarantor #1 Email:

SS#

Guarantor #2 Name:

Guarantor #2 Phone:

Percent Ownership:

Guarantor #2 Email:

SS#

For Equipment Financing & Leasing

EQUIPMENT TYPE: NEW USED

DESCRIPTION:

Have You Selected a Vendor? Yes No Vendor Name:

SIGNATURES

THE UNDERSIGNED IS/ARE APPLYING FOR FINANCING AS INDICATED IN THIS APPLICATION. EVERYTHING STATED IN THIS APPLICATION IS CORRECT. BENDER-CAREY CAPITAL MAY RETAIN THE APPLICATION WHETHER OR NOT THE FINANCING IS APPROVED. BENDER-CAREY CAPITAL IS AUTHORIZED TO CHECK THE APPLICANT'S AND GUARANTOR(S)' CREDIT AND EMPLOYMENT HISTORY FOR THE PURPOSE OF DETERMINING CREDIT WORTHINESS AT THE TIME OF APPLICATION OR THEREAFTER IN CONNECTION WITH THE SAME TRANSACTION OR EXTENSION OF CREDIT AND FOR THE FURTHER PURPOSE OF REVIEWING THE ACCOUNT.

Applicant Signature:

Guarantor #1 Signature:

Date:

Guarantor #2 Signature:

Date: