



*We Serve with Honesty,
Integrity, and Pride*

Financing Arranged by
Patriot Funding Corporation

230 Park Avenue, New York, New York 10169

BUSINESS INFORMATION			
Business Legal Name:		Time In Business under Current Ownership:	Federal ID Number
Business Address		City/County	State Zip
Type Of Ownership: (circle one) Partnership Proprietorship	LLC Corporation	State of Incorporation:	Type Of Business: Business Fax Number

PRINCIPAL INFORMATION (100% Ownership disclosure required. Principals listed will be required to guaranty lease.)			
Name (First-Middle-Last) <i>Please Print</i>		Title	% Ownership
Present Address		Social Security Number	
Home Phone Number			
Name		Title	% Ownership
Present Address		Social Security Number	
Home Phone Number			

BANK/CHECKING & SAVINGS (If check acct. less than 2 years; provide previous acct. number/bank)									
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD	
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD	

EQUIPMENT LOANS/LEASES (Open or Paid)					
Firm Name	Phone	Fax	Acct#	High Credit	How Long

TRADE REFERENCES					
Firm Name	Phone	Fax	Acct#	High Credit	How Long
Firm Name	Phone	Fax	Acct#	High Credit	How Long

EQUIPMENT INFORMATION					
Vendor Name/Contact/Phone:					
Equipment Description:					
Equipment Cost: \$					
Is Equipment: (circle one) NEW USED BOTH (LRF: PMT:)					
Equipment Location if other than the above:					
Term Requested: (circle one) 24 mos. 36 mos. 48 mos. 60 mos. ___Other Purch. Option:					

By signing below, each undersigned individual(s) who is either a principal of the credit applicant listed above or a personal guarantor of its obligations, provides written instruction to Patriot Funding Corporation or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original.

I hereby authorize our banks, trade references, and financial institutions the right to release credit information.

BY: _____ SIGNATURE _____ TITLE: _____ DATE: _____
Print Name

Please call us at (877) 264-0080

Fax Application to (516) 280-8778