

UniSource Capital

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Cumming, Georgia 30040
770-205-6830 • Fax 770-205-0831
800-404-6792

Sales Rep _____ Business Name _____
Sales Rep Address _____
Sales Rep Cell _____ Office Phone _____
Email Address _____

Business Legal Name _____
Street Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____
Email Address _____ Cell Phone _____
Contact Officer _____ Title _____ Person Signing Lease _____ Title _____
Sole Proprietorship Partnership Corporation LLC Other Federal ID# _____
Years in Business Under Current Ownership _____ Equipment Location Same as Business Address? Yes No
Equipment Location (if not same) _____

Owner/Stockholder _____ Percentage of Ownership _____
Home Address _____ Social Security # _____
City _____ State _____ Zip _____ Phone _____
Owner/Stockholder _____ Percentage of Ownership _____
Home Address _____ Social Security # _____
City _____ State _____ Zip _____ Phone _____

Nature of Business _____ Equipment Description _____
Brand and Model # _____ Total Cost without tax _____ Lease Term _____

BUSINESS BANK REFERENCES (Include business checking, leases, equipment loans, or other loans)

Reference #1 _____ Acct # _____ Type of Acct _____
Contact _____ Phone _____ Since _____
Reference #2 _____ Acct # _____ Type of Acct _____
Contact _____ Phone _____ Since _____

SUPPLIER REFERENCES

Company Name _____ City/State _____ Phone _____
Company Name _____ City/State _____ Phone _____
Landlord Name _____ City/State _____ Phone _____

I hereby authorize UniSource Capital or its assigns to make a complete credit check on our company and the principals to the same as individuals and to relate this information to others as necessary to secure credit approval. I also authorize the above references to release any information that may be requested by UniSource Capital. I certify this statement is true and accurate.

Signature _____ Title _____ Date _____