



# UNITED FUNDING GROUP

10810 Warner Avenue, Suite 10 - Fountain Valley, CA 92708  
714-774-8051 - 800-227-3612 - Fax 714-239-6862

## EQUIPMENT TO BE FINANCED - AND DESIRED TERMS

Description of Equipment: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Vendor: LFS Creative Concepts, Inc. Contact: Al Long Phone: (714) 774-8051

Term:  24 Mo.  36 Mo.  48 Mo.  60 Mo.  \_\_\_\_\_ Mo. Purchase:  \$1.00  10%

## GENERAL INFORMATION

LEGAL Business Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Time In Business: \_\_\_\_\_ # of Employees \_\_\_\_\_

Type of Business: \_\_\_\_\_

Check One:  Non-Profit  Proprietorship  Partnership  Corporation  LLC

## PERSONAL

Name of Signor/Guarantor: \_\_\_\_\_ Title: \_\_\_\_\_ SS# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Signor/Guarantor: \_\_\_\_\_ Title: \_\_\_\_\_ SS# \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## BANKING

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

## TRADE REFERENCES

Trade Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

## PAST &/OR PRESENT LEASES &/OR LOANS

Lender Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Lender Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Lender Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

## SIGNED AUTHORIZATION

I hereby authorize United Funding Group and/or it's assignee(s) to make whatever inquiries they consider necessary and appropriate for the purposes of evaluating this credit application. I authorize any person(s) or entity to release such information to United Funding Group as they may request.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_