



COMPANY (exact legal name required)	
Legal Name	
Address	
City/State/Zip	
Telephone Number	Fax Number
Contact Person	Title
Email Address	
Website URL Address	

SUPPLIER INFORMATION	
Company	
Address	
City/State/Zip	
Telephone Number	Fax Number
Salesperson	
Email Address	

Federal Tax ID # <i>(Required)</i>	Nature of Business	Time in Business _____ Years _____ Mos.	State of Incorporation
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Government	<input type="checkbox"/> Other

EQUIPMENT DESCRIPTION:	
<input type="checkbox"/> New	<input type="checkbox"/> Used
Equipment Location (if other than above)	
Loan Cost \$ _____ <i>Without Tax **</i>	Loan Term _____
	<input type="checkbox"/> <input type="checkbox"/>

PLEASE PROVIDE THE FOLLOWING INFORMATION ON PRINCIPALS				
Name	Home Address	City/State/Zip	Social Security Number	% Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE / RELEASE

It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, I / we authorized Doc Financing (and its designee or assignee) to investigate the banks, savings and loan and trade references listed, and if required by Doc Financing (and its designee or assignee), to perform personal credit investigations on the corporate principals, partners or proprietor listed above.

Authorization: _____ Date: _____