



45 Carey Avenue, Ste. 200 Butler, NJ 07405  
Ph: 973-492-5300 Fax: 973-492-5301

APPLICANT: \_\_\_\_\_

CORPORATE HEADQUARTERS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE/FAX: \_\_\_\_\_

CHECK ONE: CORPORATION \_\_\_\_\_ (*Date of Inc.* \_\_\_\_\_ *State of Inc.* \_\_\_\_\_)  
PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_

EQUIPMENT LOCATION: \_\_\_\_\_

Equipment: \_\_\_\_\_

Supplier(s): \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Cost: \$ \_\_\_\_\_ Desired Financing Term: \_\_\_\_\_

Down Payment/Trade-In: \$ \_\_\_\_\_ Estimated Delivery Date: \_\_\_\_\_

Sales Tax: \$ \_\_\_\_\_

Net to Finance: \$ \_\_\_\_\_

**BANK REFERENCES:**

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Name of Bank Contact Name of Bank Contact

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Number

**SECURED CREDIT REFERENCE:** (List Two Largest Creditors)

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Name of Institution Contact Name of Institution Contact

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Phone Number/Fax Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Number

