



45 Carey Ave, Ste 200, Butler, NJ 07405
Phone (973) 492-5300 - Fax (973) 492-5301
Attn: Steven Cubellis
scubellis@libertycapitalna.com

Applicant: _____

Corporate Headquarters: _____

Contact: _____ Phone/Fax: _____

E-mail: _____

Check One: Corporation ___: S ___ C ___ LLC ___ (*Date of Inc.* _____ *State of Inc.* _____)

Partnership _____ Proprietorship _____

Federal Tax ID: _____

Equipment Location: _____

Equipment: _____

Equipment Manufacturer: _____ Contact/Phone: _____

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

CURRENT LEASE/LOAN REFERENCES:

1) _____ 2) _____
 Name of Institution Contact Name of Institution Contact

 Phone Number/Fax Number Phone Number/Fax Number

 Account Number Account Number

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR ALL PRIVATELY-HELD COMPANIES REGARDLESS OF THE AVAILABILITY OF A GUARANTEE:

1. Principal/Guarantor

Name: _____ Title: _____

Address: _____

Social Security Number: _____

2. Principal/Guarantor

Name: _____ Title: _____

Address: _____

Social Security Number: _____

FINANCIAL INFORMATION REQUIRED:

- A) Last Three (3) Year-End Accountant Prepared Financial Statements. If the financial statements are prepared on a compilation basis, the last three (3) Corporate Tax Returns will be required.
- B) Latest Available Interim Financial Statements
- C) Corporate Guarantor-Same Financial Information as Required in A & B Above
Personal Guarantor- Most Current Personal Financial Statement and Past Two (2) Year Personal Tax Returns

By signing below, the undersigned, provides written instruction to Liberty Capital Group, Inc. ("LCG") or it's designees (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A facsimile copy of this authorization shall be valid as the original. By signing below I/we affirm my/our identity as the respective individual/s identified in the above application. We hereby authorize the release of information requested by LCG regarding our bank, secured and trade relationships. The undersigned acknowledges that this is an application only and shall not be binding upon either party. However, it is understood, that LCG, may rely upon the accuracy of the information set forth herein and in the financial statements submitted herewith to provide financing to the undersigned.

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____