PRIORITY CAPITAL

174 Green Street Melrose, MA 02176

FINANCE APPLICATION

BUSINESS INFORMATION

Legal Company Name:	D/B/A
Address:	City, State, Zip:
Date Business Started / /	(circle one) ☐Proprietorship ☐Partnership ☐Corporation LLC ☐
Contact Name:	Email Address:
Business Phone#	Fax# / Federal EIN#
Type of Industry:	Rent/ Mortgage Payment at Business Location:

Equipment Location (if Different from Above) Address:

PRINCIPAL(S) INFORMATION

Principal (1) Name & Title:	% ownership:	Social Security#
Home Address:		Cell Phone #:
Home Owner? (circle one): ☐ YES ☐ NO	Home Phone #:	
Principal (2) Name & Title:	% ownership:	Social Security#
Home Address:		Cell Phone #
Home Owner? (circle one): ☐ YES ☐NO	Home Phone#:	
Principal (3) Name & Title:	% ownership:	Social Security#
Home Address:		Cell Phone#:
Home Owner? (circle one): ☐ YES ☐ NO	Home Phone#:	

FINANCIAL INFORMATION

Last Year's Gross Revenue (AGR):	Do You Accept Credit Cards? (circle one) ☐ YES ☐ NO
Average Bank Balance:	Average Monthly Credit Card Volume:

EQUIPMENT/TRANSACTION INFORMATION

Equipment Type:	Equipment Cost $	Circle One: ☐ New ☐ Used
When do you need equipment?	Term Requested (circle one): ☐ 24 ☐ 36 ☐ 48 ☐ 60 (Months)	
What will the equipment be used for?		

VENDOR INFORMATION

Vendor Name:	Contact Name:
Vendor Phone#	Vendor Email:

SIGNATURES

Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). I hereby certify that the information contained in this file is true and accurate. The applicant, owner(s) and guarantor (if any) authorize Priority Capital, or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agencies or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renew, or credit for reviewing and collecting the account.

Principal (1) Signature:	Printed Name:	Date:
Principal (2) Signature:	Printed Name:	Date:
Principal (3) Signature:	Printed Name:	Date:

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