

A Division of Five Lakes Financial, Inc.

CREDIT APPLICATION

Please call **414.224.0220**

Fax Application to 414.224.0244

GENERAL INFORMATION

Legal Business Name		Date			
Address		City State		Zip	
Phone #	Fax #	Fed ID #		Tax Exempt (Y/N):	
Website Address					
Description of Business		Years in Business Current Ownership Since			
Prior Year Gross Annual Sales \$		Projected Gross Annual Sales \$			
Business Structure (Corp., S-Corp., LLC, etc.)		No. of Employees			
PROGRAM					
Equipment Cost	Down Payment	Amount Financed			
Term	Monthly Payment	Product (Loan, \$1 Buyout Lease, FMV, or Rental)			
Equipment Description	on				
Equipment Location ((address)				
Reason for Equipmen	nt Purchase				
Equipment Vendor		Vendor Funding Terms	5		
Business Bank Acct _		Insurance In	formation		
Contact	Acct #	Contact _			
Phone #	Fax #	Phone # _			
PRINCIPALS					
Name/Title		Name/Title			
Email		Email			
S.S.# DOB		S.S.#	S.S.# DOB		
Address		Address			
City/State/Zip		City/State/Z	City/State/Zip		
Ownership %		Ownership 9	Ownership %		
CREDIT BURE	AU				
purpose of obtaining c Each of the undersigne business credit historie	redit and is warranted to be true and ed authorizes Tech Financial Services of	correct and I have not omitted or failed to or it's assigns to conduct inquiries regard without limitation, requesting credit bu	to include mate ling the unders	chedules or other materials, is submitted for the crial information relevant to the credit application. igned's business operations and individual and ontacting banks, secured lenders, lessors and trade	
Signature		Title	Title		
Signature		Title	Title		

www.techfin.net

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