



# 1st Commercial Credit

Equipment Finance App Sheet

6500 River Place Blvd Building 7 STE 250

 [raul@1stcommercialcredit.com](mailto:raul@1stcommercialcredit.com)  512 828 6603

## COMPANY INFORMATION

Company Name and DBA if applicable	Legal Business Structure
Business Address	City
State	Zip Code
Federal Tax ID	Date Established
Company Website	Company Main Phone
Industry Specialization	Any Bankruptcies in the Last 7 years?

## OWNER'S INFORMATION

Owner #1 First Name	Owner #1 Last Name
Owner #1 Email (For Documents)	Phone Number
Home Address	City
State	Zip Code
% of Ownership #1	Social Security #

## OWNER #2

Owner #2 First Name	Owner #2 Last Name
Owner #2 Email (For Documents)	Phone Number
Home Address	City
State	Zip Code
% of Ownership #2	Social Security #



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## CURRENT EQUIPMENT ASSETS

Describe Equipment you Own, Buying or Leasing	Total Balance Owed on Equipment
Total Monthly Payments on Equipment	Name of Insurance Company
Total Monthly Insurance Premium	Rent / Building Payment Amount
Landlord Name or Property Lien Holder Landlord / Property Lien Holder Phone Number	Landlord / Property Lien Holder Email

## SALES AND EXPENSES

Average Monthly Sales	Avg. Monthly Expenses/ Maintenance /Fuel
Last Year Sales	Last Year Taxable Income Amount
Year to Date Sales	Year to Date Net Profit
Ending Bank Statement Balance Last Month	

## TERM LOANS – BANKS - FINANCING

Do You Have any Short-Term Loans?	If Yes, How much is owed?
Total Receivables (Unpaid Invoices)	Do you use a Factoring Company?

## EQUIPMENT TO PURCHASE

Describe Equipment to be Purchased	Equipment Cost
Any Soft Cost?	Any Deposit Amount to Vendor
Serial or Vin Number	What State will it Be Registered In
Vendor / Seller Company Name	Vendor Phone Number
Vendor Sales Person	Vendor Email



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## CURRENT BALANCES WITH TRADE REFERENCES

Name of Supplier (1)	City/State	Telephone No.	Contact Person
Years/Months As Supplier	Payment Terms (Net 30,60)	Balance 0 To 30 Days	Balance Past 30 Days
Name of Supplier (2)	City/State	Telephone No.	Contact Person
Years/Months As Supplier	Payment Terms (Net 30,60)	Balance 0 To 30 Days	Balance Past 30 Days
Name of Supplier (3)	City/State	Telephone No.	Contact Person
Years/Months As Supplier	Payment Terms (Net 30,60)	Balance 0 To 30 Days	Balance Past 30 Days

## ADDITIONAL COMMENTS

Comments

By submitting this form below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes 1st Commercial Credit, LLC and/or debtor and affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat, electronic signature or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this application

Printed Name Owner #1

Date

Signature Owner #1

Printed Name Owner #2

Date

Signature Owner #2