

Equipment Financing Application

GMA FACTOR

Business Cash Flow Solutions

Attn: Jacob Sacks

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Vendor (Supplier of Equipment)		Phone No. ()
Vendor Address		Fax No. ()
Lessee (Borrower) Legal Name	Email Address	Phone No. ()
Address		Fax No. ()
Billing Address		Equipment Location (City, State and County)

Organization Type Corporation Partnership Sole Proprietorship Limited Liability Co. Tax ID No.

Equipment	New Equipment Purchase <input type="checkbox"/>	Used Equipment Purchase <input type="checkbox"/>	Growth <input type="checkbox"/>	Replacement <input type="checkbox"/>	Refinance <input type="checkbox"/>
Equipment Description		Equipment Price			
		Less Trade			
		Less Down Payment			
		Finance Amount			

Type of Financing Desired	Lease/Loan Term
Loan <input type="checkbox"/> Lease (\$1.00 purchase) <input type="checkbox"/> Lease (Fair Market Value) <input type="checkbox"/> Other <input type="checkbox"/>	36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84 <input type="checkbox"/>

Lessee/Borrower Credit Information

Years in Business	No. of Employees	Annual Revenue \$	Backlog \$
Top Customers			
% of annual sales	Name		City, State
% of annual sales	Name		City, State
% of annual sales	Name		City, State
Owner/Guarantor Name			Social Security No.

Residence Address	Residence Phone No.
Owner/Guarantor Name	Social Security No.
Residence Address	Residence Phone No.

References			
Bank	Business and/or Personal Acct No.	Contact Name	Phone No. ()
Finance Company	Account No.	Contact Name	Phone No. ()
Finance Company	Account No.	Contact Name	Phone No. ()
Comments			

Signatures

I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You and/or your assigns are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Applicant's Signature	Date
Applicant's Signature	Date

IMPORTANT: Attach Financial Statements which include Profit and Loss Statements for last two years.

Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account.

What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.