990 Sunshine Lane Altamonte Springs, FL 32714



Phone: (407) 786-2000 app@cncfinancingsolutions.com

BUSINESS CREDIT APPLICATION

CUSTOMER	Legal Name Contact							Phone No.
Trade Name (if applicable) Fax No.								
Business Street Address/City/State/Zip Code E-Mail Address								
Type of Business Years Company In Business								Tax Identification No.
☐ Proprietorship ☐ Corporation (State) ☐ General Partnership ☐ Limited					nership	ership Limited Liability Company		☐ State or Local Government
PRINCIPAL	Name:		Title		Social Security No.		US Citizen? ☐ Yes ☐ No	Home Phone No.
	Home Address:						Ever Declared Bankruptcy?	
	City/State/Zip:	% of Ownership					YesNo	
PRINCIPAL	Name: Home Address:		Title		Social Security No.		US Citizen? ☐ Yes ☐ No	Home Phone No.
								Ever Declared Bankruptcy?
	City/State/Zip:	% of Ownership					YesNo	
EQUIPMENT	Business Name				Contact			Phone No.
SUPPLIER	Business Street Address/City/			E-mail Address			Fax No.	
EQUIPMENT								Credit Requested
	\$							
	Make and Model G				neral Description (check if equipment is used)			
SALES	Prior Year End Sales Projec				d Sales YTD			
KEY TERMS	Lease/Loan Term (months)	Option Price: Fair Market Value Estimated Fair Market Value of 6 february 6 of the total Equipment Cost						
	☐ Nominal Price of \$ Nominal Price of% of the total Equipment Cost							
REFERENCES	Bank	Acc	count No.		Contact			Phone No.
	Trade Creditor F		Account No.		Contact			Phone No.
	Secured Debt or Lease Creditor		Account No.		Contact			Phone No.
Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any lender or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time. Each individual signing below further waives any right or claim in which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.								
X				Cianter	rinto d N			- Note:
Signature Sig					s Printed Name			Date
Signature	Signature Sig							Date

ECOA NOTICE (TO BE RETAINED BY APPLICANT) Detach Here

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. Depending on the lender used, the federal agency that administers our compliance with this law will either be the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 or FDIC Consumer Response Center, 1-877-275-3342. 1100 Walnut St. Box 11 Kansas City, MO 64106.