

TECHNOLOGY FOR VISUAL ENVIRONMENTS

Equipment Finance Application

Kevin Jurkiewicz 856-282-2320

Powered by: Quail Capital

BUSINESS INFORM	MATION				
Legal Business Name			Trade Name		
Address					
City			State	Zip	
Phone	Fax	Websit	e		
Business Structure	Sole Proprietorship	Partnership Corporation	LLC	Federal Tax ID	
Years In Business		Gross Annual Revenues			
Business Descriptio	n				

PERSONAL INFORM	ATION - Principals/ Officers/ Guarantors		
Name	Title	Name	Title
Address	Own 🗖 Rent 🔲	Address	Own 🗖 Rent 📋
City	State Zip	City	State Zip
Phone	Soc. Sec. #	Phone	Soc. Sec. #
Cell	Date of Birth / /	Cell	Date of Birth / /
Email	Ownership %	Email	Ownership %

COMPANY BANK REFERENCE

Please attach last three months' business bank statements (typically 1st page only with activity summary sections required)

LEASE / LOAN REFERENCES

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Please attach a copy of recent monthly payment statement(s) for any term loan or equipment leases

VENDOR & EQUIPMENT INFORMATION			
Vendor Name			
Vendor Address	City	State	Zip
Equipment Description	Amount	New	Used

DECLARATION

The undersigned individual, on behalf of themselves and all others listed on this application, recognizing that their individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Quail Capital and any assignee, lender, or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as needed in the credit evaluation and review process, and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth (for individuals) and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents.

Applicant Signature	Title
Printed Name	Date
Applicant Signature	Title
Printed Name	Date

Please complete, then print out and place your signature & then scan/email application to kevinj@quailcap.com



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Additional Church Information

CHURCH INFORMATION		
Name of Church	of Church Denominational Affiliation	
Name of Senior Ordained Leader	Length o	f Time with Church
Membership	Average Attendance	Age of Church
Unrestricted Contributions		Federal Tax ID
Equipment Is: Expansion Replacement	Term Requested: 5 Years 📋 10 Years 🗍 2	25 Years

	2 Years Prior	Last Year	Current YTD
Church Membership			
Average Adult Worship Attendance			
Unrestricted Contributions			
Total Receipts			
Total Expenses			
Annual Mortgage Payments			
Total Mortgage Balance			
Total Other Loans			

Applicant Signature

Date___