



Finance Application

Return to: Doug Richters
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LESSEE / APPLICANT INFORMATION				
Legal Business Name/Lessee				Phone
Address (Street, R.R. - no PO Box)		E-mail address		Fax
City	County	State	Zip	Cell Phone/Pager
Type of Business				Contact
Corporation <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> LLC	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Federal Tax ID Number	State of Incorp.
Date Established/Time in Business				
Equipment Location (if different than above)				
PRINCIPAL INFORMATION (President, Owner or Partners)				
Name 1		Title	Ownership %	Social Security #
Home Address		City	State	Zip
Home Phone				
Name 2		Title	Ownership %	Social Security #
Home Address		City	State	Zip
Home Phone				
BANKING INFORMATION				
NAME / BRANCH	CITY/STATE	CHK. ACT. #	PHONE	CONTACT
TRADES OR FINANCE REFERENCES (Include other Business Leases, Loans & Suppliers)				
NAME	CITY/STATE	ACCT #	PHONE	CONTACT
Landlord/Mortgagor	City/State	Yrs at Location	Phone	Contact
VENDOR / EQUIPMENT INFORMATION				
Name Sundance Grinders LLC		Phone (316) 283-5999		Contact Chris Michels
Address 1302 S Kansas Av		City Newton	State KS	Zip 67114
Equipment To Be Financed - Description		Fax (316) 283-3063		
<input type="checkbox"/> Used <input type="checkbox"/> New	Term (months)	Advance Payments	Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1	Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No Tax Rate (%)
				Total Cost (Without Tax)
<p>Each undersigned individual, who is either a principle of the credit applicant or a personal guarantor of its obligations, authorizes release of any credit reference information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving, and trade accounts to Accord Financial Group and/or its assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of credit, and for reviewing or collecting the resulting account. A photocopy or fax of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.</p>				
Signature 1: _____		Signature 2: _____		Date _____