



**Credit Application**  
 Phone: 877-859-0191  
 Fax: 800-426-2626

**Vendor Information**

Vendor Number: \_\_\_\_\_  
 Vendor Name: \_\_\_\_\_

**Business Information**

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Years In Business \_\_\_\_\_ Federal Tax Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_ Web Site Address \_\_\_\_\_

**Business Type:**  Proprietor  Partnership  Corporation

**Equipment Information**

No. Of Units \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_ TOTAL COST: \$ \_\_\_\_\_

New  Used Term \_\_\_\_\_ Payment Quoted \_\_\_\_\_ Purchase Option: \_\_\_FMV \_\_\_\$1 Out \_\_\_Other

Equipment location if different than above:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**References** BANK REFERENCE

Name Of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_ Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Name Of Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_ Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

**Personal Data** (Required For Sole Proprietors & Partnerships)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ % Of Ownership \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ % Of Ownership \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**Acknowledgement and Authorization**

The undersigned verifies the accuracy of all the information contained in this application and authorizes LEAF Capital Funding, LLC and its designees to obtain additional information from time to time concerning the undersigned's business and/or personal credit standing (which may include personal credit bureau reports). The undersigned certifies that this application is for business purposes and not for personal, family or household purposes. The undersigned stands advised that any advance payment or security deposit is not refundable.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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 business customer opening an account. What this means for you: When you open a business account, we will ask for the name, address, and other additional information that will allow us to identify the business. To verify this information, we may obtain reports from third parties, such as credit reporting agencies. We may also ask to see organization documents for your business. If your application for business credit is denied, you may be entitled to a written statement of the specific reasons for the denial. To request the statement, please contact LEAF at: One Commerce Square, 2005 Market Street, 14th Floor, Philadelphia, PA 19103, Attn: Credit Dept. within 60 days from the date you are notified of LEAF's decision. LEAF will send you a written statement of reasons for the denial within 30 days of receiving 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. The Federal agency that administer compliance with this law concerning this creditor are the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, DC 20006 and the Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.