

346 DEBBIE LANE – SCHAUMBURG, IL 60194

FAX: 866.721.3131

EMAIL: CLASSIC@CLASSICFIN.COM

COMPANY INFORMATION:

Legal Name:					
Full Address:					
Phone:		Fax:		Email	
(Check One):	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Years in Business	
TYPE OF BUSINESS OR INDUSTRY:					

PRINCIPALS: (PRESIDENT, OWNER, PARTNERS)

Full Legal Name & Title	Home Address & Zip Code	Social Security #

DESCRIPTION OF EQUIPMENT OR TYPE OF LOAN :

Total Price Without Tax		Terms Requested (months):	
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BANK INFORMATION: Business Checking Information (2 yrs or older)

(A)	(B)
City / State	City / State
Phone:	Phone
Account#:	Account#
Contact:	Contact
Account Type: Business <input type="checkbox"/>	Account Type: Business <input type="checkbox"/>
Personal <input type="checkbox"/>	Personal <input type="checkbox"/>

TRADE REFERENCES (if applicable): Provide information about your suppliers.

Name	Contact	Phone
Name	Contact	Phone

EQUIPMENT DEALER (if applicable):

Company Name:	Contact
Address:	Phone#:

I hereby authorize Classic Financial Services & Equipment Leasing, Inc. or its assignees to research credit as it pertains to this application

CUSTOMER SIGNATURE:

DATE:

Click on text box to fill in or write in info and fax back SIGNED to 866.721.3131