

## **Equipment Finance Application**

Fax Application To: 855.420.7043

Email: Patrick@ShorelineLending.com
Or Call: 844.413.3155 Ext.105

	COMPANY INFORM	ATION		
		☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC		
Company Name:		Company Structure (Check Box):		
DBA (Doing Business As):		Date Business Started:	State o	of Incorporation:
Street Address:		Federal Tax ID:	State 1	Tax ID:
City State Zip C	ode	Monthly Billing Volume:	Monti	hly Credit Card Volume:
Phone Number & Ext.: Fax Number:		Amount Financing Wanted:	_	
		☐ Working Capital ☐ Equipment Lease ☐ Other		
Primary Email Address:		Type of Financing:		
Website:		Reason for Financing:		
***   NCLU	BUSINESS BANK INFO JDED (3) THREE MONTHS			
Business Bank #1:	Branch Location	Avg. Balance 3 Mo	onths Non-su	ufficient funds 3 Months
Business Bank #2:	Branch Location	Avg. Balance 3 Mo	onths Non-su	ufficient funds 3 Months
financial condition, (3) Applicant authorizes Shoreline Lendir reports to OTHER PERSONS, ENTITIES, AFFILIATES ANI lease(s), commercial loan(s), including commercial loan(s) h transaction(s), including without limitation the application the documents, and share such information and documents with and completeness of such information and documents, (5) S (collectively, "Recipients") are authorized to request and recinformation, or any other information that a Recipient deems arising from any act or omission relating to the requesting, reauthorized to sign this form on behalf of the Business. (8) It contained herein is found to be incorrect, and I/we will indemincurred in the placement or reservation of the intended Tran above named entity to consider this to be our written requestacknowledge receipt of a copy of this application.	D'SUBSIDIARIES (collectively paving daily repayment feature perfore (collectively, "Transaction other Assignees, in connection other Assignees, in connection other Lending, Inc., Assigneive any investigative reports, and the collection of the col	", "Assignees") that may be involved s or purchases of future receivable ons") and each Assignees is authon on with potential Transaction(s), (4) ee(s), and each of their representa credit reports, statements from cre es and releases any claims agains ion, and (7) each Principal(s)/Office ending, Inc. reserves the right to re or any and all costs incurred with thation contained herein turns out to	d with or acquire s including Merc rized to use such each Assignee tives, successor ditors or financiat Recipients and er(s)/Partner(s) reverse any credit is application for be incorrect, and	commercial equipment hant Cash Advance in information and will rely upon the accuracy s, assigns and designees all institutions, verification or any information-providers epresents that he or she is decision if the information credit including any cost all I/we hereby request any
PRIN	ICIPAL/OFFICER/PARTNER	R INFORMATION #1		
Principal/Officer/Partner #1:	Title:	% of Ownership: Socia	I Security #:	Driver's License #:
Timopa/Onice/fr artife/ #1.	Tide.	70 Of Ownership. Coola	ii Occurry #.	Direct 3 License #.
Home Address:	City	State: Zip	Code: C	Credit Score:
Signature: (You Authorize us to investigate your credit	as provided above)	Da	te:	Date of Birth:
Prin	ICIPAL/OFFICER/PARTNER	NINFORMATION #2		
Principal/Officer/Partner #1:	Title:	% of Ownership: Socia	Il Security #:	Driver's License #:
Home Address:	City	State: Zip	Code: C	Credit Score:
Signature: (You Authorize us to investigate vour credit	as provided above)	Da	to	Date of Birth: