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MADISON CAPITAL
 EQUIPMENT & VEHICLE FINANCING

DATE:

CREDIT APPLICATION

FIRM NAME:				COUNTY WHERE PROPERTY WILL BE LOCATED:			
ADDRESS:			CITY:		STATE:	ZIP:	
PHONE:	DATE ESTABLISHED:	NATURE OF BUSINESS:		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> LLC			
PRINCIPALS NAME:			POSITION:		% OF OWNERSHIP:		HOME PHONE:
HOME ADDRESS:				CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS:	<input type="checkbox"/> RENTS:	HOW LONG?	SOCIAL SEC. #	BIRTH DATE:	NAME OF SPOUSE:		
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):							
PRINCIPALS NAME:			POSITION:		% OF OWNERSHIP:		HOME PHONE:
ADDRESS:				CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS:	<input type="checkbox"/> RENTS:	HOW LONG?	SOCIAL SEC. #	BIRTH DATE:	NAME OF SPOUSE:		
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):							
EMAIL ADDRESS:				FED ID#		STATE OF INCORPORATION:	
BANK REFERENCE							
NAME OF BANK:			PHONE:		PERSON TO CONTACT:		
CHECKING ACCT #		SAVINGS ACCT #			LOAN ACCT:		
NAME OF BANK:			PHONE:		PERSON TO CONTACT:		
CHECKING ACCT #		SAVINGS ACCT #			LOAN ACCT:		
CREDIT REFERENCE							
NAME OF COMPANY:			ACCOUNT #			PHONE:	
NAME OF COMPANY:			ACCOUNT #			PHONE:	
NAME OF COMPANY:			ACCOUNT #			PHONE:	
CURRENT LEASE OBLIGATION:		NAME OF CO OR BANK:			PHONE:		ACCOUNT:
DO YOU RENT YOUR OFFICE SPACE?		NAME OF LANDLORD:				PHONE:	
INSURANCE INFORMATION							
NAME OF INSURANCE AGENT:					PHONE:		
ADDRESS:				CITY:		STATE:	ZIP:
EQUIPMENT VENDOR INFORMATION							
NAME:				CONTACT PERSON:			
ADDRESS:						PHONE:	
QTY	NEW/USED	EQUIPMENT TO BE LEASED/FINANCED			TERM DESIRED	PRICE WITHOUT TAX	
						\$	
RELEASE							
<p>TO WHOM IT MAY CONCERN:</p> <p>THIS WILL BE YOUR AUTHORITY AND MY REQUEST FOR YOU TO RELEASE TO MADISON CAPITAL, LLC AND/OR ITS ASSIGNEES, ANY INFORMATION THEY MAY REQUEST CONCERNING CREDIT STANDING WITH YOUR COMPANY AND/OR MONEY ON DEPOSIT. I HEREBY FURTHER AUTHORIZE MADISON CAPITAL, LLC AND/OR ITS ASSIGNEES, TO OBTAIN ANY AVAILABLE PERSONAL CREDIT BUREAU REPORTS, AS WELL AS BANK AND TRADE REFERENCES, AND UTILIZE PHOTOCOPIES OF THIS RELEASE IN CONJUNCTION WITH THE CREDIT APPLICATION PROCESS.</p> <p>FOR (COMPANY NAME): _____</p> <p>BY (NAME OF OFFICER): _____ TITLE: _____</p> <p>SIGNATURE: _____ DATE: _____</p>							