



EQUIPMENT FINANCE APPLICATION

FLORIDA LOCATION - 3320 Vineland Rd, Orlando, FL 32811
 OHIO LOCATION - 8620 E. Bayshore Rd, Marblehead, Oh 43440
 CORPORATE HEADQUARTERS (888) 464-0064

Restaurant Equipment & Supply

Fax application to: (407)423-2597

COMPLETE LEGAL NAME OF COMPANY		FEDERAL TAX ID	DATE STARTED	D & B NUMBER
DESCRIPTION OF WHAT COMPANY DOES	WEBSITE www.	BUSINESS STRUCTURE (Check box)		
		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
		<input type="checkbox"/> LLC	<input type="checkbox"/> Other	
** Please include business entity documents **				
Sole Proprietorship = Business license or fictitious name statement LLC = Operating agreement Corporation = Stamped articles Partnership = Signed agreement				
COMPANY ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)		TELEPHONE	FAX	EMAIL OF CONTACT PERSON

BUSINESS BANK - CONTACT PERSON	ACCOUNT #	TELEPHONE	AVG BALANCE LAST 3 MO \$
** Please include last 3 months business bank statements (Front page ONLY) **			
TRADE REFERENCE #1 - CONTACT PERSON	ACCOUNT #	TELEPHONE	TERMS (NET 30, OTHER)
TRADE REFERENCE #2 - CONTACT PERSON	ACCOUNT #	TELEPHONE	TERMS (NET 30, OTHER)
OTHER BUSINESS LOAN OR EQUIPMENT LEASE - CONTACT PERSON	ACCOUNT #	TELEPHONE	ORIGINAL LOAN AMOUNT \$

PRINCIPAL/OFFICER/PARTNER #1	TITLE	OWNERSHIP %	SOC. SEC. #	CURRENT DEROGATORY ACCTS ON CREDIT REPORT? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, \$ past due
COMPLETE HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				Own <input type="checkbox"/> Rent <input type="checkbox"/>
PRINCIPAL/OFFICER/PARTNER #2	TITLE	OWNERSHIP %	SOC. SEC. #	CURRENT DEROGATORY ACCTS ON CREDIT REPORT? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, \$ past due
COMPLETE HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				Own <input type="checkbox"/> Rent <input type="checkbox"/>
PRINCIPAL/OFFICER/PARTNER #3	TITLE	OWNERSHIP %	SOC. SEC. #	CURRENT DEROGATORY ACCTS ON CREDIT REPORT? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, \$ past due
COMPLETE HOME ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				Own <input type="checkbox"/> Rent <input type="checkbox"/>

EQUIPMENT DESCRIPTION	# OF PIECES	NEW OR USED New <input type="checkbox"/> Used <input type="checkbox"/>	TOTAL COST \$
-----------------------	-------------	---	------------------

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Apple Restaurant Supply and its partners, assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). A photo static or facsimile copy of this authorization shall be valid as original.

Signature

Date

Name (Please print)

Title