



Contact @specialty-funding.com
 6700 C Jefferson NE, Ste 1 ~ Albuquerque, NM 87109
 Phone (505) 797-7141 ~ Fax (505) 872-0422

Tell us about your company...					
FULL LEGAL BUSINESS NAME			ANY DBA'S OR TRADE NAMES?		
MAILING ADDRESS		CITY	STATE	ZIP	
TELEPHONE	FAX	FEDERAL TAX ID NO.	SIC CODE	E-MAIL ADDRESS	
PHYSICAL ADDRESS WHERE EQUIPMENT WILL BE LOCATED		WHAT DOES YOUR COMPANY DO?			
HOW LONG ESTABLISHED UNDER PRESENT MANAGEMENT?	IS THE COMPANY A: <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		WHO SHOULD WE SPEAK WITH FOR ADDITIONAL INFORMATION?		
IS THE COMPANY PREMISES: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED					
WHO IS THE MORTGAGE HOLDER / LANDLORD? NAME			PHONE		
WHO IS YOUR COMPANY'S INSURANCE AGENCY?					
AGENCY		ADDRESS		PHONE	
Tell us about the company principals/owners... (We must have information on principals who comprise majority ownership)					
LEGAL NAME OF PRESIDENT/PARTNER/OWNER	% OWNED	SSN:	HOME ADDRESS	HOME PHONE	
		DOB:			
LEGAL NAME OF VP/PARTNER/OWNER	% OWNED	SSN:	HOME ADDRESS	HOME PHONE	
		DOB:			
LEGAL NAME OF SEC./TREAS./PARTNER/OWNER	% OWNED	SSN:	HOME ADDRESS	HOME PHONE	
		DOB:			
Tell us about the company's banking relationships...					
BANK NAME	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
BANK NAME	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
Are the accounts at these banks at least 2 yrs old? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please provide information on your previous bank so that we may see at least a 2 year history		Do you have an active business loan at your bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your company have any existing equipment or vehicle leases:					
LEASING COMPANY	PHONE	FAX	ACCOUNT NO(S)		
LEASING COMPANY	PHONE	FAX	ACCOUNT NO(S)		
What other companies does your company have credit established with?					
COMPANY	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
COMPANY	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
COMPANY	PHONE	FAX	PERSON TO CONTACT	ACCOUNT NO(S)	
Tell us about the equipment you wish to lease or purchase...					
EQUIPMENT VENDOR	ADDRESS		CITY	STATE	
PHONE	SALES REP	EQUIPMENT COST WITHOUT TAX			
DESCRIPTION OF THE EQUIPMENT – PLEASE SHOW MAKE AND MODEL					
SECTION D SIGNATURE (AUTHORIZED COMPANY REPRESENTATIVE)					
I hereby attest that the information provided on this application is true and accurate. I authorize the listed banking and credit firms to release information regarding company accounts for the purposes of establishing credit with regard to this application. I also authorize access to principal's credit bureaus. I expressly waive rights of any direct, indirect, incidental, consequential or punitive damages arising out of the submission or use of this application. I authorize additional creditors to obtain history on above reference information.					
_____		_____	_____		
COMPANY REPRESENTATIVE		DATE	TITLE		

NOTE: TO GET YOUR APPLICATION PROCESSED QUICKLY, PLEASE FILL OUT AS COMPLETELY AS POSSIBLE.

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

The undersigned represents that all information provided with this Application is true and correct, and hereby authorizes Specialty Funding Group to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s), as principal of and/or guarantor for the applicant, hereby authorizes Specialty Funding Group, its designees, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released to Specialty Funding Group by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. To help fight terrorism and money laundering, Federal Law requires banks to verify the information you provide, which may include driver's license or other documents, to identify you.

Name (Please Print):_____ Date:_____

Signature:**X**_____ Title:_____

Social Security Number:_____ DOB:_____

Name (Please Print):_____ Date:_____

Signature:**X**_____ Title:_____

Social Security Number:_____ DOB:_____

Name (Please Print):_____ Date:_____

Signature:**X**_____ Title:_____

Social Security Number:_____ DOB:_____



(505) 797-7141 Fax (505) 872-0422
Toll Free 800-440-5137

PRIVACY POLICY NOTICE

This notice is provided to you pursuant to the Privacy of Consumer Financial Information Act and the Federal Trade Commission's implementing regulation there under, 16 CFR Part 313.

1. Collection Sources:

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer-reporting agency.

2. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

3. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide the requested loan origination service to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.