FOUNTAIN EQUIPMENT FINANCE

FINANCING APPLICATION

8831 E. Walker Springs Ln, Suite 203 • Knoxville, TN 37923 • (865) 583-0256 • FAX (865) 583-0257

Borrower _____

Address _____

City _____ County _____

State _____ Zip _____

SUPPLIER OF EQUIPMENT

Supplier _____

Address _____

City _____ State _____ Zip _____

Contract _____ County _____

Sales Person _____ Phone _____

EQUIPMENT TO BE FINANCED (Attached separate list if necessary)

EQUIPMENT

See Exhibit A

○ New
◉ Used

Factor _____

Equipment Cost $_____ Payment _____

Filing Fee $_____ Tax _____

Total _____

NAME AND ADDRESS OF INSURANCE AGENT

Insuror _____

Contact _____ Phone _____

TERM IN MONTHS

_____

FINANCE PAYMENT AMOUNT

_____ Payments of $ _____

Payable _____

CHECK FOR THIS AMOUNT MUST ACCOMPANY FINANCE APPLICATION

$ _____

(Includes fees, and state and county taxes as required)

SECURITY DEPOSIT(S)

$_____ FOR _____ MONTH(S)

(To be applied to last rentals due)

OWNER OF PREMISES

_____

BUSINESS TYPE

◉ Corporation ○ Proprietorship
○ Partnership ○ LLC

Nature of business

Have you ever filed for bankruptcy? ○ YES ◉ NO

 # Years in business _____

Applicant SSN **DO NOT FILL THIS FIELD** Applicant DOB _____

Spouse SSN **DO NOT FILL THIS FIELD** Spouse DOB _____

Home Address _____

BANKS

Bank Name _____
Contact _____ Phone _____
Address _____

Bank Name _____
Contact _____ Phone _____
Address _____

Bank Name _____
Contact _____ Phone _____
Address _____

Bank Name _____
Contact _____ Phone _____
Address _____

TERM DEBT AND/OR TRADE

Debt or Trade _____
Contact _____ Phone _____
Address _____

Debt or Trade _____
Contact _____ Phone _____
Address _____

Debt or Trade _____
Contact _____ Phone _____
Address _____

Debt or Trade _____
Contact _____ Phone _____
Address _____

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION WITHIN THIS APPLICATION AND SUPPORTING FINANCIAL STATEMENTS ARE TRUE AND CORRECT. THE UNDERSIGNED ALSO AUTHORIZES THE RELEASE OF ANY AND ALL CREDIT INFORMATION.

_____ _____

Authorized signature Title