



Copley Funding

Business Capital Solutions

Fax: 508-683-0460 Phone: 508-528-2418

Email: Sales@CopleyFunding.com

COMMERCIAL CREDIT APPLICATION

BUSINESS INFORMATION

Contact Name & Title		Time under current ownership	Years	Months
Legal Business Name Doing Business as (DBA)		Legal Business Organization Type:	<input type="checkbox"/> Sole proprietorship	
Phone			<input type="checkbox"/> Partnership	
E-mail			<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code			<input type="checkbox"/> Other	
Website		Fed Tax ID # (Corp. only)		

OWNER/GUARANTOR INFORMATION

Owner #1 Name		Co-Signer/Owner #2 (if applicable)	
Home Address City, State, Zip Code		Home Address City, State, Zip Code	
Primary Phone		Primary Phone	
Email		Email	
Social Security Number		Social Security Number	

FUNDING INFORMATION

Type of Equipment:		Funding amount requested	
		Annual Revenue of business	
Equipment Dealer Name		Dealer Phone	
City, State ZIP Code		Dealer E-mail	
Dealer Contact		Dealer Website	

AGREEMENT

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A scanned or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	