



PHONE: (760) 230-2307 • FAX: (760) 230-4166

WIRTH REPRESENTATIVE: \_\_\_\_\_

COMPANY INFORMATION		
Full Legal Name:	DBA Name:	
Billing Address:	City/State/Zip:	County:
Equipment Location Address:	City/State/Zip:	County:
Contact Name:	Business Start Date:	Present Ownership Since:
Phone:	Fax:	
E-mail Address:	Web Address:	
State of Incorporation:	Federal Tax ID#:	Nature of Business:
Business Type: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit		

OWNERS, PARTNERS OR GUARANTORS – (If more than 2, attach separate sheet.)		
1. Name:	Title:	Social Security #:
Address:	Home Phone:	Cell Phone:
City/State/Zip:	Percent Ownership:	Birth Date:
2. Name:	Title:	Social Security #:
Address:	Home Phone:	Cell Phone:
City/State/Zip:	Percent Ownership:	Birth Date:

BANK INFORMATION	
Name of Bank:	Deposit/Check Acct #:
Bank Contact:	Phone Number:

FINANCING DETAILS			
Equipment Description:	Amount Requested:		
Vendor/Supplier(s):	Contact Person:		
Address:	City/State/Zip:		
Phone:	Fax:	E-mail Address:	
Date Needed:	Estimated Delivery Date:	<input type="checkbox"/> New Equipment <input type="checkbox"/> Used Equipment	Budgeted Payment Amount: \$
End of Lease Options: <input type="checkbox"/> \$1 Purchase Option <input type="checkbox"/> Other		Term Requested: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	

Credit Authorization: I/We hereby authorize Wirth Business Credit, Inc., its assignee, assigns or potential assigns to review my personal credit and business profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize the above listed parties to release all credit information and bank information and I/We represent and warrant that all information submitted to Wirth Business Credit, Inc., including without limitation information on this application, any attachments, any supplemental, or other information herein is true, complete and accurate. I agree to immediately notify Wirth Business Credit, Inc. if any of such information changes materially in the 60 days after the date of this application. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors:	
1.	Date:
2.	Date: