



ASPEN

Corporate Funding

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www.CorporateFunding.com

CREDIT APPLICATION

BUSINESS INFORMATION				
LEGAL BUSINESS NAME and DBA		TELEPHONE #	FAX #	
BUSINESS STREET ADDRESS (no PO Box or PMB addresses)	CITY	STATE	ZIP CODE	
GENERAL DESCRIPTION OF BUSINESS or SIC CODE		DATE STARTED	<input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> SoleProprietor <input type="checkbox"/> Other _____	
COMPANY WEBSITE	# OF EMPLOYEES	FED. TAX ID #		
BUSINESS BANKING INFORMATION				
BANK (#1)	BRANCH	TELEPHONE #	CONTACT	
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT #	HOW LONG?	CURRENT BALANCE \$	
BANK (#2)	BRANCH	TELEPHONE #	CONTACT	
ACCOUNT UNDER NAME OF	ACCOUNT #	HOW LONG?	CURRENT BALANCE \$	
BUSINESS LEASE/LOAN REFERENCE				
INSTITUTION NAME	ORIGINAL LOAN \$	ACCOUNT #	TELEPHONE #	CONTACT
BUSINESS TRADE REFERENCES				
COMPANY NAME	HIGH CREDIT	ACCOUNT #	TELEPHONE #	CONTACT
	\$			
	\$			
	\$			
EQUIPMENT INFORMATION				
EQUIPMENT VENDOR	CITY & STATE	TELEPHONE #	CONTACT	
VENDOR WEB SITE	EQUIPMENT COST \$	EST. DELIVERY DATE	PREFERRED TERM	
EQUIPMENT DESCRIPTION (attach invoices or quotes if available)				
REASON FOR BUYING EQUIPMENT				
AUTHORIZATION FOR DISCLOSURE OF BUSINESS & PERSONAL CREDIT INFORMATION				
<p>By signing below, the undersigned individual who is a principal of the credit applicant provides written instruction to Aspen Corporate Funding (and any assignee or potential assignee thereof) authorizing a complete review of their business credit profile from whatever sources it deems appropriate. I also authorize the above bank and trade references to release any information that may be requested. The undersigned hereby certifies that all information contained in this application, and all attachments hereto, are true and complete. A photo static or facsimile copy of this authorization shall be valid as the original.</p>				
Principal/Officer Name (print):	Title:	Signature: X _____	Date:	



PERSONAL CREDIT RELEASE AUTHORIZATION

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 Aspen Corporate Funding, its designee, or any potential assignee thereof authorizing a complete review of his/her personal credit profile from a national credit bureau. The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

PRINCIPAL/OFFICER INFORMATION # 1			
Name:		Date of Birth:	Social Security Number:
Home Address (no PO Box or PMB addresses):		City:	State: Zip Code:
Rent / Own / Other:	How long at this address:	Home Phone:	Business Ownership %:
Title:	Date:	Signature: X _____	

PRINCIPAL/OFFICER INFORMATION # 2			
Name:		Date of Birth:	Social Security Number:
Home Address (no PO Box or PMB addresses):		City:	State: Zip Code:
Rent / Own / Other:	How long at this address:	Home Phone:	Business Ownership %:
Title:	Date:	Signature: X _____	

PRINCIPAL/OFFICER INFORMATION # 3			
Name:		Date of Birth:	Social Security Number:
Home Address (no PO Box or PMB addresses):		City:	State: Zip Code:
Rent / Own / Other:	How long at this address:	Home Phone:	Business Ownership %:
Title:	Date:	Signature: X _____	