

OPUS CAPITAL LLC

Equipment Leasing Solutions

Please print application and fax to 1-866-822-1334

3180 Mathieson Drive, Suite 712
Atlanta, GA 30305
(404) 842-1710 office (866)822-1334 fax

EQUIPMENT FINANCE			
Credit Application			
BUSINESS AND PERSONAL INFORMATION			
Business Name		Contact Name	
Business Address		Business Phone	
City/State/Zip		Business Fax	
Nature of Business	FEIN#:	Business Structure	
	TAX ID #:	Sole Proprietor _ Partnership _ C Corp _ S Corp _ LLC _	
Principals Name/ Guarantor 1		Position / % Ownership	
Home Address		Own_ Rent_ How Long?	
City/State/Zip		Home Phone	Mobile Phone
Social Sec. No.	Birth Date	Name of Spouse	
Co-Applicant/ Guarantor 2		Home Phone	Mobile Phone
Address			
City/State/Zip			
Social Sec. No.	Birth Date	Position / %Ownership	
BANK REFERENCE			
Name of Bank		Phone	
Person to Contact	Savings Account #	Checking Account #	Loan Account #
Name of Bank		Phone	
Person to Contact	Savings Account #	Checking Account #	Loan Account #
TRADE REFERENCE			
Name Of Company		Account #	Phone
Current Lease Obligation Yes_ No_	Name of Co. or Bank	Account #	Phone
EQUIPMENT / VENDOR INFORMATION			
Equipment to be Financed			Equipment Cost
Model/ Year/ Serial Number		New ___ Used ___	Term Desired
Vendor	Contact	Phone	
Address		City/State/Zip	
INSURANCE INFORMATION			
Name of Insurance Agent		Contact	
Address			
City/State/Zip			Phone

By signing below, the undersigned principal(s) of the credit applicant and/or personal guarantor(s) of its obligations, provides written instruction to Lessor or its designee (and any assignee or thereof) authorizing review of his/her our personal credit profile(s) 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. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. I/we authorize all deposit, borrowing, and trade information to be released to the Lessor. I/we hereby represent all information is true, correct and complete. A photostatic or facsimile copy of this authorization shall be valid as the original.

Guarantor 1 _____ Please Print Name _____ Date _____
Signature

Guarantor 2 _____ Please Print Name _____ Date _____
Signature