



Direct Voice: 1-800-770-8107 Direct Fax: 480-315-1915  
7950 E Acoma Dr. Ste 207 Scottsdale, Az 85260

Representatives Name: \_\_\_\_\_

**COMPANY INFORMATION**

Company Legal Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signor \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

Nature of Business \_\_\_\_\_

No. of Years in Business \_\_\_\_\_ Type of Business:  Proprietorship  Partnership  LLC  Corporation  Non-Profit

**DECLARATION**

The information contained on this application, together with any accompanying application, together with any accompanying financial statements, schedules or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. We agree to provide financial statements, tax returns, etc. as Sun State Capital Corp. deems necessary and hereby authorize references contained herein to release any requested information. Sun State Capital Corp. is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them).

Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL INFORMATION Officers/ Partners/**

1) Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ % Ownership \_\_\_\_\_

2) Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ % Ownership \_\_\_\_\_

**COMPANY BANK REFERENCE**

1) Name of Bank/Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone No. \_\_\_\_\_

Checking Acct. No. \_\_\_\_\_ Contact Officer \_\_\_\_\_

2) Name of Bank/Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone No. \_\_\_\_\_

Checking Acct. No. \_\_\_\_\_ Contact Officer \_\_\_\_\_

**LEASE / LOAN REFERENCES**

1) Lender \_\_\_\_\_ Acct. No. \_\_\_\_\_ Loan Amount. \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact \_\_\_\_\_ Amount Paid \_\_\_\_\_

2) Lender \_\_\_\_\_ Acct. No. \_\_\_\_\_ Loan Amount. \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact \_\_\_\_\_ Amount Paid \_\_\_\_\_

**TRADE REFERENCES**

Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_

Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_

Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_

**EQUIPMENT INFORMATION**

Type of Equipment \_\_\_\_\_

Equipment Cost \$ \_\_\_\_\_ Lease Term (months) 24 36 48 60 Residual: \$1.00 FMV 10%

Vendor \_\_\_\_\_ Phone \_\_\_\_\_

Vendor Address \_\_\_\_\_ New \_\_\_\_\_ Used \_\_\_\_\_