



Capital Resources LLC

Work Truck & Construction Equipment Financing Application

BUSINESS INFORMATION

Company Name:		Business Phone:	Business Fax:
Physical Address:	City:	State:	Zip Code:
Years Under Same Ownership:			
Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipality <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC			
Federal I.D. No.:		Date of Incorporation/Organization:	

PERSONAL INFORMATION

Include all owners to account for 100% of company ownership

1. Owner / Primary Contact	Title:	Ownership %	SSN:
Home Phone:	Business Phone:	Alternate Phone:	E-mail Address:
Home Address:		City:	State: Zip Code:
2. Owner	Title:	Ownership %	SSN:
Home Address:		City:	State: Zip Code:
3. Owner	Title:	Ownership %	SSN:
Home Address:		City:	State: Zip Code:

EQUIPMENT INFORMATION

Please attach the equipment quote if available

YEAR

MAKE

MODEL

1	Qty:	Price:	Cab & Chassis:			
			Equipment Body:			
2	Qty:	Price:	Cab & Chassis:			
			Equipment Body:			
Location where equipment will be based:			<input type="checkbox"/> Business address <input type="checkbox"/> Home Address <input type="checkbox"/> Other (please describe below)			
Address:			City:	State:	Zip Code:	

Equipment Seller:	City:	State:	Phone:
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The undersigned authorizes all parties contacted to release credit & financial information requested by Capital Resources, LLC or their assigns.

Signature

Title

Date

Fax Application to 1-800-566-7610