



Company Information (Required)

Company Legal Name:			Phone #:		
			Fax #:		
Address:		City:	State:	Zip:	
Type of Company:	S Corp <input type="checkbox"/>	C Corp <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	LLC <input type="checkbox"/>
Date Incorporated:	Age of Practice:	Federal Tax I/D:	Contacts:		
Type of Practice:	Years Licensed:	Years in Business:	Years owning this Practice:		

Personal Information on Officers, Partners, or Guarantors (Required)

Principal or Officer:	Title/ % Ownership:	Social Security #:	Drivers Lic. #:
Spouse:	Title/ % Ownership:	Social Security #:	Drivers Lic. #:
Home Address:	City:	State:	Zip: Own <input type="checkbox"/> Rent <input type="checkbox"/>
Current Home Phone #:	IF THERE ARE MORE THEN ONE OFFICER FOR THIS CORPORATION PLEASE INCLUDE ADDITIONAL OFFICERS INFORMATION ON AN ADDITIONAL PAGE		

Financials (Required)

Total Assets:	Total Liability:	Gross Annual Income:	Net Annual Income:
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Company Bank References (Required)

Bank Branch Name:	Account #:	Phone #:	Contact at Local Branch:
Bank Branch Name:	Account #:	Phone #:	Contact at Local Branch:

Loan and Trade References (Required)

Firm Name:	Contact:	Account #:	Phone #:	Fax #:	High Credit:
Firm Name:	Contact:	Account #:	Phone #:	Fax #:	High Credit:

Equipment and Supplier/Vendor Information (If Applicable)

Vendor:	Contact:	Phone #:	Fax #:
Address:		City:	State: Zip
Equipment Description:	Cost:	Requested Term (Months)	

Applicant warrants all credit and financial information submitted to Award Financial Network (here after referred to as AFN) and/or its assignees to be true and accurate and hereby authorizes all banking institutions and credit reporting agencies to release necessary information via telephone, mail, internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize AFN and/or it assigns to obtain personal credit bureau reports for the making, extensions, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

Signature:	Date:	Spouse Signature:	Date:
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