



Company Information (Required)

Company Legal Name:			Phone #:		
			Fax #:		
Address:		City:	State:	Zip:	
Type of Corporation:	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 Business:	Federal Tax I/D:	Contacts:		
Type of Business:	Years Licensed:	Years in Business:	Years Owning This Business:		

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

Principal or Officer:	Title/ % Ownership:	Social Security #:	Drivers Lic. #:
Spouse Name (required)	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:	Loan Org. Bal.	Loan Cur. Bal.
Bank Branch Name:	Account #:	Phone #:	Contact at Local Branch:	Loan Org. Bal.	Loan Org. Bal.

Loan and Trade References (Required)

Firm Name:	Contact:	Account #:	Phone #:	Fax #:	High Credit:
Firm Name:	Contact:	Account #:	Phone #:	Fax #:	High Credit:
Business Landlord:	Address, City, State, Zip:		Business Phone #:	Fax #:	

Equipment and Supplier/Vendor Information (If Applicable)

Vendor:	Contact:	Phone #:	Fax #:
Address:		City:	State: Zip
Equipment Description:	Cost:	Requested Term (Months)	Expected Delivery Date:
Location of Equipment: (Address, City, State, Zip)			

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:	Witness Signature:	Date:
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