



Pending Purchase

# Survey Equipment Finance Application

## BUSINESS

LESSEE (EXACT LEGAL NAME)				DBA	
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO. ( )
LOCATION OF EQUIPMENT		CITY	STATE	ZIP	FAX NO. ( )
CELL PHONE NO. ( )		E-MAIL ADDRESS			
TYPE OF BUSINESS	GROSS ANNUAL SALES	YEARS IN BUSINESS	YEARS UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)	
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INCORPORATION	

## OWNERSHIP

PRINCIPAL #1 NAME		TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ( )
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		MONTHLY MORTGAGE/RENT (Residence only)		PRINCIPAL BIRTH DATE (MM/DD/YYYY) / /	
PRINCIPAL #2 NAME		TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE NO. ( )
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		MONTHLY MORTGAGE/RENT (Residence only)		PRINCIPAL BIRTH DATE (MM/DD/YYYY) / /	

## BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO. ( )
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

## TRADES

COMPANY	CONTACT	TELEPHONE
		( )
		( )

## DESIRED TERMS (check one)

LEASE TERM IN MONTHS

24    36    48    60

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PURCHASE OPTION

\$1    10%

## EQUIPMENT DEALER

DEALER NAME  
STAKEMILL

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CONTACT                      PHONE  
Don Nicholson              ( 727 ) 538-0886

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EQUIPMENT COST

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EQUIPMENT TYPE

I understand this equipment application may be approved based upon my business and personal credit. I authorize Trinity, A Division of Bank of the West or its assignees to check references, bank accounts and credit information.

**X**

AUTHORIZED SIGNATURE

DATE

## ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds 150,000 please provide Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

If this information is not available, please contact Chris Woolson.

Please include an itemized quote, if available.

**Fax completed application to:**

**Chris Woolson**

**(800) 841-4433, ext. 122**

**(800) 268-1591 FAX**

**cwoolson@trinitycapital.com**