



Application

Ph: (321) 972-9994

Fax: (321) 972-9996

Email: info@newleaffunding.com

LESSEE COMPANY INFORMATION

Legal Name of Business Entity				Contact Person		Contact Person Business E-mail	
Street Address		City	State	Zip	Phone #		Fax #
Federal Tax ID#		Nature of Business		Years in Business		Years Under Present Control	
Legal Form of Business (check one): <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Trust							

OWNERSHIP INFORMATION

Principal's Name		Title	% Ownership	Home Phone #	Cell Phone #	Social Security #	
Home Address		City	State	Zip	()Own ()Rent		Drivers License #
Principal's Name		Title	% Ownership	Home Phone #	Cell Phone #	Social Security #	
Home Address		City	State	Zip	()Own ()Rent		Drivers License #

BANK INFORMATION

Bank		Branch		Phone #		Fax #	
Contact Person		Checking Account #		Other Account #'s		Loan(s) Balance \$	

LOAN & TRADE REFERENCES

Company Name		Account #		Phone #		Contact Person	
Company Name		Account #		Phone #		Contact Person	
Company Name		Account #		Phone #		Contact Person	

By signing below, the undersigned, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction and authority to New Leaf Funding Corporation or its Designee as well as and in addition to any assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original. I (We) certify that the information provided herein is correct to the best of my (our) knowledge.

By signing below, I/We affirm my/our identity as the respective individual(s) identified in the above application.

X	Date:	X	Date:
Print Name and Title		Print Name and Title	