



OAKMONT CAPITAL SERVICES, LLC
1398 Wilmington Pike,
West Chester, PA 19382



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CREDIT APPLICATION - ALL OWNERS MUST BE DISCLOSED

BUSINESS TYPE: (CHECK ONE)										SOLE PROPRIETOR		PARTNERSHIP		CORPORATION		S-CORPORATION		LLC		LLP	
LEGAL BUSINESS NAME:										D / B / A:											
NATURE OF BUSINESS:										FEDERAL ID #:					TIME IN BUSINESS: Years						
MAILING/BUSINESS ADDRESS:										CITY:			STATE:			ZIP:			COUNTY:		
BUSINESS PHONE:					EXT.					BUSINESS FAX:					CELL:						
WEBSITE:					LOCATION WHERE EQUIPMENT IS KEPT (IF DIFFERENT FROM ABOVE)																
ANNUAL REVENUE:			# OF EMPLOYEES:			DATE OF INCORPORATION:			STATE OF INCORPORATION:			BUSINESS START DATE:									
GUARANTOR 1 FULL NAME			TITLE			SOCIAL SECURITY #			% OWNED		DATE OF BIRTH		HOME ADDRESS								
Home Phone:			Cell Phone:			E-mail:			Are you a homeowner?		Yes		No								
Have you ever filed for bankruptcy protection? Yes No If yes, what was the discharge date?															Country of Citizenship						
GUARANTOR 2 FULL NAME			TITLE			SOCIAL SECURITY #			% OWNED		DATE OF BIRTH		HOME ADDRESS								
Home Phone:			Cell Phone:			E-mail:			Are you a homeowner?		Yes		No								
Have you ever filed for bankruptcy protection? <input type="radio"/> Yes <input type="radio"/> No If yes, what was the discharge date?															Country of Citizenship						
GUARANTOR 3 FULL NAME			TITLE			SOCIAL SECURITY #			% OWNED		DATE OF BIRTH		HOME ADDRESS								
Home Phone:			Cell Phone:			E-mail:			Are you a homeowner?		Yes		No								
Have you ever filed for bankruptcy protection? Yes No If yes, what was the discharge date?															Country of Citizenship						
BANK / MONEY MARKET ACCOUNTS					ACCOUNT #					TELEPHONE #					CONTACT PERSON						
BUSINESS LOAN REFERENCE					ACCOUNT #					TELEPHONE #					CONTACT PERSON						
VENDOR / EQUIPMENT INFORMATION																					
VENDOR:					ADDRESS:					CITY, STATE, ZIP:					SALE PRICE:						
CONTACT:					PHONE:			FAX:		EMAIL:					FINANCE REQUEST:						
New Used		YEAR:		MAKE:		MODEL:			DESCRIPTION:					VIN / SERIAL:			DELIVERY DATE:				

I hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/we agree that any security deposit paid is not refundable unless the application is rejected. By the execution of any lease/loan agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant that it is understood that Creditor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, or for any other reason, and I/we will indemnify Creditor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended equipment based on the information contained herein.

BY CHECKING THIS BOX AND TYPING NAME BELOW, I/WE ELECTRONICALLY SIGN THIS APPLICATION.

X _____ X _____ X _____
GUARANTOR 1 SIGNATURE GUARANTOR 2 SIGNATURE GUARANTOR 3 SIGNATURE