



Direct: 800-770-8107 Ext. 105 Direct Fax: 480-315-1915
Credit Dept: Neal Kendrick Email: neal@sunstatecapital.net

COMPANY INFORMATION

Company Legal Name _____

Address _____ City _____ State _____ Zip _____

Signor _____ Title _____ Telephone _____

Nature of Business _____

No. of Years in Business _____ Type of Business: Proprietorship Partnership LLC Corporation Non-Profit

DECLARATION

The information contained on this application, together with any accompanying application, together with any accompanying financial statements, schedules or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. We agree to provide financial statements, tax returns, etc. as Sun State Capital Corp. deems necessary and hereby authorize references contained herein to release any requested information. Sun State Capital Corp. is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them).

Applicant: _____ Signature _____ Title _____ Date _____

PERSONAL INFORMATION Officers/ Partners/

1) Name _____ Title _____ Social Security No. _____

Home Address _____ City _____ State _____ Zip _____ % Ownership _____

2) Name _____ Title _____ Social Security No. _____

Home Address _____ City _____ State _____ Zip _____ % Ownership _____

COMPANY BANK REFERENCE

1) Name of Bank/Branch _____ How Long _____ Telephone No. _____

Checking Acct. No. _____ Contact Officer _____

2) Name of Bank/Branch _____ How Long _____ Telephone No. _____

Checking Acct. No. _____ Contact Officer _____

LEASE / LOAN REFERENCES

1) Lender _____ Acct. No. _____ Loan Amount. _____

Telephone # _____ Contact _____ Amount Paid _____

2) Lender _____ Acct. No. _____ Loan Amount. _____

Telephone # _____ Contact _____ Amount Paid _____

TRADE REFERENCES

Supplier _____ Phone _____ Contact/Acct # _____

Supplier _____ Phone _____ Contact/Acct # _____

Supplier _____ Phone _____ Contact/Acct # _____

EQUIPMENT INFORMATION

Type of Equipment _____

Equipment Cost \$ _____ Lease Term (months) 24 36 48 60 Residual: \$1.00 FMV 10%

Vendor _____ Phone _____

Vendor Address _____ New _____ Used _____