L'ACOUSTICS

Equipment Finance Application - US Only

Phone: 818-843-8686 ex 24 Fax: 818-843-2068

BUSINESS INFORMATION

Legal Business Name   Trade Name

Address

City   State   Zip

Phone   Fax   Website

Business Structure   Sole Proprietorship ☐   Partnership ☐   Corporation ☐   LLC ☐   Other ☐   Federal Tax ID

Years In Business   Gross Annual Revenues

Business Description

PERSONAL INFORMATION - Principals/ Officers/ Guarantors

Name	Title		Name	Title	
Address		Own ☐ Rent ☐	Address		Own ☐ Rent ☐
City	State	Zip	City	State	Zip
Phone	Soc. Sec. #		Phone	Soc. Sec. #	
Cell	Date of Birth / /		Cell	Date of Birth / /	
Email	Ownership %		Email	Ownership %	

COMPANY BANK REFERENCE

Please attach last three months' business bank statements (typically 1st page only with activity summary sections required)

LEASE / LOAN REFERENCES

Please attach a copy of recent monthly payment statement(s) for any term loan or equipment leases

VENDOR / LOAN INFORMATION

Vendor Name

Vendor Address

City   State   Zip

Amount   New ☐   Used ☐

Equipment Description

DECLARATION

The undersigned individual, on behalf of themselves and all others listed on this application, recognizing that their individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Quail Financial Solutions and any assignee, lender, or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as needed in the credit evaluation and review process, and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth (for individuals) and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents.

Applicant Signature _____   Title _____

Printed Name _____   Date _____

Applicant Signature _____   Title _____

Printed Name _____   Date _____

Please send completed application to Ardy Barahman at ardyb@quailcap.com or fax to 818-843-2068.