



COMPANY INFORMATION			
Full Legal Business Name:		D.B.A.:	
Street Address:		Year Established: (M/D/Y)	
City/State/Zip:		Phone: ()	
Contact/Title:		Contact's E-mail:	
Type Of Business:		Web:	
Ownership: <input type="checkbox"/> Sole Proprietorship PARTNERSHIP: <input type="checkbox"/> Limited <input type="checkbox"/> General <input type="checkbox"/> LLP CORPORATION: <input type="checkbox"/> "C" Corp <input type="checkbox"/> "S" Corp <input type="checkbox"/> LLC			
Corporate Secretary (if applicable):		Federal Tax Id. #:	State of Inc. (if applicable):
Full Name Of Person Authorized To Negotiate This Transaction:		E-mail:	
OWNER/PRINCIPAL/MAJOR SHAREHOLDERS/GUARANTOR INFORMATION			
#1 Name:		#2 Name:	
Title:		Title:	
Social Security #:		Social Security #:	
% Ownership:		% Ownership:	
Cell Phone: ()		Cell Phone: ()	
E-mail:		E-mail:	
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long?		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long?	
Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BANK REFERENCES (PLEASE ATTACHED COPIES OF THE LAST THREE (3) CONSECUTIVE MONTH END BUSINESS BANK STATEMENTS)			
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
CURRENT FUNDING REFERENCES – PLEASE LIST AT LEAST TWO (2)			
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
Name:		Contact Name/Title	E-mail
Address:		Phone/Fax	Account Number
EQUIPMENT DESCRIPTION			
Please provide a detailed summary of: time in business, type(s) of equipment sold, selling price points, sales organization structure, selling territory and other information you feel will help FFSI understand your business so that we can better serve your customers and their funding needs.			
			Estimated Annual Funding \$:
AUTHORIZATION			
<i>- Equipment Funding arranged through Ford Financial Services, Inc., a California based Corporation -</i>			
I/we hereby authorize Ford Financial Services, Inc. ("FFSI"), its agent(s) and/or any credit bureau(s) or other investigative agency employed by FFSI to investigate the references herein listed or statements or other data obtained from me/us or from any other person(s) or organization(s) pertaining to my/our business and credit/financial responsibility. I/we further authorize each Reference evidenced above to provide FFSI and/or its agent(s) with any requested information as may be requested and each Reference is hereby authorized to release such information in writing, over the phone, by e-mail and/or by fax to FFSI and/or its agents. I/we certify that all information contained herein is true and correct. I/we understand that all information submitted to and/or compiled by FFSI and/or its agent(s) shall become the sole and exclusive property thereof.			
The undersigned individual, recognizing that his/her/their individual credit history may be a factor in the evaluation of the credit of the Applicant, hereby consents to and authorizes Ford Financial Services, Inc. ("FFSI"), and/or its employee(s), agent(s) and/or assignee(s), to obtain and use any consumer credit report(s) on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim he/she/they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.			
#1 SIGNATURE: _____		#2 SIGNATURE: _____	
TITLE: _____ DATE: _____		TITLE: _____ DATE: _____	
* PLEASE E-MAIL OR FAX THIS DOCUMENT TO: INFO@FFSIUSA.COM OR (760) 944-9759 *			