

# OFE Business Credit, Inc

*"Offering Financial Excellence"*

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## EQUIPMENT FINANCE APPLICATION

CIRCLE APPROPRIATE BUSINESS STRUCTURE: PROPRIETORSHIP, PARTNERSHIP, CORPORATION (C-CORP OR S-CORP)						
<b>B U S I N E S S</b>	BUSINESS NAME/LESSEE			CONTACT		TELEPHONE
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	NATURE OF BUSINESS (OR SIC CODE)	APPROX ANNUAL REVENUE \$	E-MAIL ADDRESS:		AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET) *if different from above.			(CITY)	(STATE)	(COUNTY) (ZIP CODE)

<b>O W N E R S H I P</b>	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT
<b>R E S I D E N T</b>	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	OWN RENT

<b>B A N K S</b>	BANK		CONTACT		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE	
	BANK		CONTACT		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE	

<b>C R E D I T</b>	COMPANY NAME		ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

<b>E Q U I P M E N T</b>	VENDOR				CONTACT	
	ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)
	EQUIPMENT TO BE LEASED				FAX	
	COST OF EQUIPMENT \$		TERMS OF LEASE	RATE / MO. PAYMENT /		DEPOSIT RECEIVED \$

I hereby authorize OFE – O'Hara Financial Enterprises or any credit bureau or other investigative agency employed by O'Hara Financial Enterprises to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I hereby warrant that I have requisite authority to engage in and negotiate this financing application.

X \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE/TITLE