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|  **7918 East McClain Drive, Suite #102**  **Scottsdale, AZ 85260**  | **Phone: 480-385-1220** **Fax: 480-385-1221****Email: bobby@qtfinancial.com** | ***CREDIT******APPLICATION*** |
| **Business Information:** |
| COMPANY NAME: “Applicant”  | REQUESTED TERM (Months) | BUSINESS TYPE |
|       | [ ] 24 [ ] 36 [ ] 48 [ ] 60 Other:( )  | **[ ]  LLC****[ ]  CORPORATION****[ ]  PARTNERSHIP****[ ]  LP****[ ]  SOLE PROPRIETOR****State of Inc:** |
| **DBA (if applicable) :** | **CONTACT PERSON:** |
|  **Address:****P.O. Box/Suite#:** **County:**  **City/State/Zip:** | **1.** **2.** |
| **E-mail:**   | **Cell #:**  | **Company website:** | **Federal Tax ID #:**  |
| **Business phone #:**  | **Business fax #:**  | **Sales tax exempt?: [ ] Yes [ ] No – If yes attach exemption certificate** |
| **Year business started:**  | **Current ownership since:**  | **Sales last year:$** | **Projected sales this year:$** |
| **Rent or own your building: [ ]  Rent [ ]  Own**  | **Approx sq ft:** | **How many employees:** |
| **Physical location of equipment:** | **Inside city limits? [ ] Yes [ ] No** |
| **Will the equipment be subleased? [ ] Yes [ ] No – If so, to whom?** | **Major customer(s):**  | **% sales:** |
| **Business Banking Relationships:** |
| Bank Name | Account # | Phone # | Bank Officer |
|         |  |  |  |
|         |  |  |  |
| **Principal Information: *Include all owners to account for 100% of company ownership:*** |
| Principal Name | **Social Security #** | **Title & Ownership %** | Home address & Phone # | E-mail |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **Are there any suits, judgments or tax liens against the applicant or any of the above principals, or has the applicant or any of the above principals ever declared bankruptcy? [ ] Yes [ ] No – If yes, explain on a separate page.** |
| **Equipment Information:**  |
| Equipment description:       |
| Equipment Cost: $       | [ ] New [ ] Used [ ] Refurbished --- If used or refurbished, year of equipment:       |
| **Down payment you prefer: [ ] $0 [ ] 1 or 2 Payments upfront - Other:$       or Machinery “Trade In” Credit Amount: $**  |
| Supplier:       | Contact name:        |
| **Phone #:**  | Cell #:       | E-mail:       |
| Equipment description:       |
| Equipment Cost: $       | [ ] New [ ] Used [ ] Refurbished --- If used or refurbished, year of equipment:       |
| **Down payment you prefer: [ ] $0 [ ] 1 or 2 Payments upfront - Other:$       or Machinery “Trade In” Credit Amount: $**  |
| Supplier:       | Contact name:        |
| **Phone #:** | Cell #:       | E-mail:       |

 **AUTHORIZATION TO OBTAIN CREDIT INFORMATION**

**Applicant warrants all credit and financial information submitted to Quick Turn Financial, LLC, (hereafter referred to as QUICK TURN) and/or its assignees, designees, agents, affiliates or lenders to be true and accurate and hereby authorizes all banking institutions and credit reporting agencies to release necessary information via telephone, mail, internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize QUICK TURN and/or it assigns, designees, agents, affiliates or lenders to obtain personal credit bureau reports for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax, email or photocopy of this authorization shall be valid as the original.**

 **If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. The federal agency that administers compliance with this law concerning this creditor is FDIC Consumer Response Center, 1100 Walnut St Box 11, Kansas City, MO 64106.**

**By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **1. Signature/ Title/ Date 2. Signature/ Title/ Date**