



CREDIT APPLICATION

Please call 414.224.0220

Fax Application to 414.224.0244

GENERAL INFORMATION

Legal Business Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fed ID # _____ Tax Exempt (Y/N) _____ No. of Employees _____

Description of Business _____ Years in Business _____ Current Ownership Since _____

Annual Sales \$ _____ Business Structure (Corp., S-Corp., LLC, etc.) _____ State of Incorporation _____

Website _____ Email _____

Equipment Description _____

Model _____ Cost _____ Term _____ Equipment Vendor _____

OWNERSHIP INFORMATION

Name _____ Title _____

Address _____ Ownership % _____

City/State/Zip _____ Email _____

S.S. # _____ - _____ - _____ DOB _____ Signature _____

Name _____ Title _____

Address _____ Ownership % _____

City/State/Zip _____ Email _____

S.S. # _____ - _____ - _____ DOB _____ Signature _____

CREDIT BUREAU

The information contained on this application, together with any accompanying application, financial statements, schedules, or other materials is submitted for the purpose of obtaining credit and is warranted to be true and correct and I have not omitted or failed to include material information relevant to the credit application. Each of the undersigned authorizes Tech Financial Services or it's assigns to conduct inquiries regarding the undersigned's business operations and individual and business credit histories as it may deem necessary including without limitation, requesting credit bureau reports, contacting banks, secured lenders, lessors and trade creditors for references and for information on Bank Accounts, Loan or Leases.

EXPERTS IN EQUIPMENT FINANCING

www.techfin.net

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