



Your Source For Equipment Financing
& Working Capital

COMMERCIAL FINANCING APPLICATION

APPLICANT'S CONTACT INFORMATION

Legal Business Name :		Dba:	
Business Address:			
Equipment Location Address(If different from above):			
City:	State:	Zip:	County:
Telephone:	Fax:		
Primary Contact	Title:		

BUSINESS ENTITY INFORMATION

Years in Business (under same ownership):	Date Incorporated :	Fed ID:
☐ Corporation	☐ Proprietorship	
☐ Partnership	☐ L.L.C.	

EQUIPMENT INVESTMENT INFORMATION

Equipment Requesting and Estimated Equipment Pricing \$		
Equipment Vendor/Supplier & Contact Name National Calibration and Diagnostic Solutions	Phone 336-829-8785	Email Darren@NationalCDS.com

BUSINESS AUTHORIZED SIGNORS: OWNER(S), OFFICER(S), MEMBER(S), PARTNER(S) with 25% or greater shareholder interest ideally

Name:	Title:	
Address:	Social Security #	
City	State:	Zip:
Home #	Mobile #:	Email:

Name:	Title:	
Address:	Social Security #	
City:	State:	Zip:
Home#:	Mobile #:	Email:

Additional Notes:

THIS APPLICATION DOES NOT OBLIGATE YOU NOR TRI-LEASE LLC TO ENTER INTO AN AGREEMENT.

Instead, This Application simply allows Tri-Lease, LLC, on approval to earmark Funds availability for a determined period of time.

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Tri-Lease LLC, or its designee, assigns, or potential assigns to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Tri-Lease LLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. If need to process my application, I authorize all deposit, borrowing, financial and trade information to be released to Tri-Lease LLC, its designee, assigns or potential assigns by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

I authorize Tri-Lease LLC to process the above provided information. I understand that a decision will be made based on my business and/or personal credit.



X		X	
Signature	Date	Signature	Date