

813 SE 2nd Court  
Fort Lauderdale, FL 33301



Voice : (954) 522-3773  
credit@zinn.capital

## BUSINESS CREDIT APPLICATION

### CUSTOMER INFORMATION

EXACT LEGAL NAME OF BUSINESS ENTITY ("Obligor")			TELEPHONE NUMBER			
ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)	
NATURE OF BUSINESS		FAX NUMBER		FED. TAX NO.		
WEBSITE ADDRESS		GROSS ANNUAL REVENUES		DATE BUSINESS ESTABLISHED (mm/yyyy)		DATE CURRENT OWNERSHIP (mm/yyyy)
BUSINESS STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> TRUST State of Organization: _____						

### OWNERS, PARTNERS, GUARANTORS (ATTACH SEPARATE SHEET IF NECESSARY)

OWNERS, PARTNERS, GUARANTORS (ATTACH SEPARATE SHEET IF NECESSARY)					
PRINCIPAL'S NAME		TITLE	% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	HOME PHONE NO.    MOBILE PHONE NO.
ANNUAL SALARY \$	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN	EMAIL ADDRESS		<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT	
PRINCIPAL'S NAME		TITLE	% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	HOME PHONE NO.    MOBILE PHONE NO.
ANNUAL SALARY \$	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NOT US CITIZEN	EMAIL ADDRESS		<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT	

### EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION: YEAR, MAKE, MODEL NEW <input type="checkbox"/> USED <input type="checkbox"/>		EQUIPMENT COST	CASH DOWN/TRADE	AMOUNT TO FINANCE/LEASE
VENDOR		ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT PERSON
FINANCING/LEASE STRUCTURE \$1.00 LEASE <input type="checkbox"/> 10% PUT <input type="checkbox"/> FMV LEASE <input type="checkbox"/> LOAN <input type="checkbox"/>		FINANCE/LEASE TERM 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>	ADDITION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/>	DELIVERY DATE
LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE, COUNTY)	(ZIP CODE)

### BANK INFORMATION

BANK	BRANCH	FAX NUMBER	TELEPHONE NUMBER
CURRENT CHECKING ACCT BALANCE	CHECKING ACCOUNT NUMBER(S)	LOAN(S) ORIGINAL BALANCE \$	LOAN(S) CURRENT BALANCE \$

### TRADE INFORMATION

COMPANY NAME	ACCOUNT NUMBER	TELEPHONE NUMBER	CONTACT PERSON

The undersigned, each individually as principals and/or guarantors of the Obligor, and on behalf of the Obligor (individually and collectively "Applicant"), hereby affirms that the foregoing information contained in this Credit Application is presented for the purpose of obtaining or maintaining credit as of the date indicated and is true, complete and correct. Applicant understands Zinn Capital (Lender or Lessor) is relying on this statement of our financial condition in extending or continuing to extend credit to Applicant. Zinn Capital, its affiliates, successors, designees or assigns is/are authorized to make any investigation of Applicant's credit either directly or through any agency employed by Zinn Capital, for that purpose. Zinn Capital, may disclose to any other interested parties our experience with this account. Applicant agrees to inform Zinn Capital, immediately of any matter which will cause any significant change in Applicant's financial condition.

<b>X</b>	DATE:	<b>X</b>	DATE:
PRINTED NAME AND TITLE:		PRINTED NAME AND TITLE:	