



Equipment Finance Application

Box Credit LLC
 20 Sunnyside Ave, suite A-151
 Mill Valley, CA 94941
 Phone: 415-381-8542
 Fax: 415-329-1773
 Email: info@boxcredit.com

BUSINESS

LESSEE (EXACT LEGAL NAME)		DBA	EMAIL ADDRESS WEB SITE ADDRESS:		
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO.
LOCATION OF EQUIPMENT		CITY	STATE	ZIP	FAX NO.
TYPE OF BUSINESS	GROSS ANNUAL SALES	YEARS IN BUSINESS	YEAR UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)	
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LIMITED LIABILITY CO.	<input type="checkbox"/> OTHER		STATE OF INCORPORATION
DOES THE COMPANY HAVE TAX LIENS?	HAS THE COMPANY FILED BANKRUPTCY?	NUMBER OF EMPLOYEES? FULL TIME.....PART TIME.....			RESALE PERMIT NO.

OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO.
HAVE YOU EVER FILED BANKRUPTCY?		DO YOU HAVE OUTSTANDING TAX LIENS? HAVE YOU BEEN CONVICTED OF A FELONY?		
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. () - -
HAVE YOU EVER FILED BANKRUPTCY?		DO YOU HAVE OUTSTANDING TAX LIENS? HAVE YOU BEEN CONVICTED OF A FELONY?		

BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO.
ACCOUNT UNDER NAME OF	CHECKING	SAVINGS ACCOUNT NO.	LOAN Amount/Current Balance	

TRADE REFERENCES

DESIRED TERMS (Check one)

COMPANY	CONTACT	TELEPHONE	LEASE TERM IN MONTHS
		() - -	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60
		() - -	PURCHASE OPTION <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> FMV

EQUIPMENT VENDOR

I understand this equipment application may be approved based upon my business and personal credit. I authorize Box Credit LLC or its assignees to check references, bank accounts and credit information.		DEALER NAME	
		CONTACT	PHONE
X			EQUIPMENT COST
	AUTHORIZED SIGNATURE	DATE	EQUIPMENT TYPE (PLEASE ATTACH EQUIP. SALES ORDER)

AFTER COMPLETION, PLEASE SIGN AND FAX THIS FORM TO BOX CREDIT AT 415-329-1773