

CREEKRIDGE CAPITAL LLC

7808 CreekrIDGE Circle, Suite 250, Edina, MN 55439-2616 - Phone 877-996-0270 - Fax 952-996-0271

APPLICATION

BUSINESS INFORMATION

Legal Name of Business: _____
Business Contact: _____ Phone: _____ E-mail: _____
Business Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ County: _____
Description of Business: _____
Website: _____
Years in Business/Date Incorporated: _____ State Incorporated: _____
Federal Tax ID#: _____ Corporation _____ (S or C) Proprietorship _____ Partnership _____ LLC _____
Publicly Held: (circle one) Yes No Stock Symbol: _____

PRINCIPAL INFORMATION

Name: _____ Name: _____
Home Address: _____ Home Address: _____
SS#: _____ SS#: _____
Providing a Guarantee: (circle one) Yes No Providing a Guarantee: (circle one) Yes No

EQUIPMENT INFORMATION

Location: _____ City _____ State _____ Zip _____ County _____
Vendor: _____ Contact/Phone: _____
Term: _____ Model/Type: _____
Equipment Price (w/o tax): _____ Sales Tax: State: _____ % County: _____ %

CREDIT INFORMATION

BANK 1: _____ Contact: _____
Checking No: _____ Loan No: _____ Phone: _____
BANK 2: _____ Contact: _____
Checking No: _____ Loan No: _____ Phone: _____

BUSINESS INSURANCE

Agency: _____ Policy #: _____ Tel: _____ Fax: _____

ACKNOWLEDGEMENT

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligation, provides written instruction to CreekrIDGE Capital LLC or its designee (and any assignee or potential assignee thereof) authorizing your banks, trade references, and other financial institutions to release credit information to CreekrIDGE Capital LLC and review of your personal credit profile from a national credit bureau as required. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the application received. You also represent that the information you have provided is true and accurate.

Business Name: _____

Signed: _____ Date: _____ Title: _____

Signed: _____ Date: _____ Title: _____