

# Commercial Lease Application

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# COMMERCIAL FUNDING NETWORK, INC.

Independent Financing For Your Business Growth

Rev 3/2009

## Business / Lessee

Company Name: \_\_\_\_\_  
DBA: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
e-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Description: \_\_\_\_\_

Time In Business Under Current Ownership: \_\_\_\_\_

Type of Business:  S-Corp  LLC  Proprietorship  
 Partnership  Corporation  Non-Profit

## Vendor

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
e-Mail: \_\_\_\_\_

## Bank References

Principal Bank: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

## Personal Information on Officers, Partners or Owners

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Title: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Title: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ % Ownership: \_\_\_\_\_

## New Equipment to be Leased (Attach equipment schedule if necessary)

Address of Installation: \_\_\_\_\_

New/Used	Quantity	Model	Description	Serial Number(s)	Purchase Price (w/o tax)

## Proposed Lease Terms

Number of Months: \_\_\_\_\_ Special Programs: \_\_\_\_\_ Purchase Option: \_\_\_\_\_

\*Does not include sales tax.

I authorize all deposit, borrowing, trade and other financial information to be released to Commercial Funding Network, Inc. and/or its funding sources ("CFN"). I hereby represent all information is true, correct and complete. I authorize CFN (or other funding source designated by CFN) to (a) provide information about us and the credit experience of CFN (or such other funding source) with us to others, such as banks and credit reporting agencies, and (b) keep this application, whether or not credit is extended. I acknowledge that, if another individual who is not one of my employees assisted in the preparation of this application, he or she acted as my agent in doing so. Upon request, Atlantic will tell you whether or not a credit report was requested and, if so, the name and address of the credit reporting agency furnishing the credit report.

By signing below and paying to CFN a down payment or other amount with respect to any lease or other facility that you are requesting to any lease or other credit facility that you are requesting from Atlantic (or other funding source designated by CFN), you acknowledge that, if for any reason you do not enter into the lease or credit facility with CFN (or such other funding source) after you are approved by CFN (or such other funding source) for such lease or credit facility, such down payment or other amount may be retained by CFN and you are not entitled to any refund of such down payment or other amount. You acknowledge that such down payment or other amount will compensate Atlantic for the cost and expenses of processing your application for such lease or other credit facility.

### ADDENDUM TO CREDIT APPLICATION

I, the undersigned, acknowledge that I am eighteen years of age or older and understand and specifically consent that (1) all information given to Commercial Funding Network, Inc. ("CFN") in this Credit Application will be transmitted to a funding source not affiliated with CFN via the Internet, (2) any such information transmitted via the Internet may be accessible by unintended third parties, (3) any such information is submitted to such funding source at my risk and (4) I waive any right to direct, indirect, consequential, punitive or other damages rising out of or associated with the submission or transmission over the Internet, or the interception, use or misuse relating from such submission or transmission, of this Credit Application or any such information. If I request that a message regarding the status of this Credit Application be transmitted by electronic mail, I expressly authorize you and such funding source and your and its representatives to transmit such message, whether favorable or unfavorable, to the electronic mail address provided by me.

*By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Commercial Funding Network, Inc. ("CFN") or its designee (and any assignee or potential assignee thereof or other funding source) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.*

*A photocopy or facsimile copy of this authorization shall be valid as the original.*

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, DC 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact Commercial Funding Network, Inc within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

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## **DOCUMENTATION to SEND IN WITH SIGNED APPLICATION:**

### **Section 1 - Required for All Applications:**

- \_\_\_ Copy of Vendor's **Invoice, Quote or Purchase Order** detailing equipment to be purchased
- \_\_\_ Copy of **Incorporation** (Corp.) or **Business License** (dba) filings  
(Needed to show time in business and proof of current ownership)
- \_\_\_ Most recent four (4) **Business Checking Statements**  
(Needed to show average balance and monthly activity)
- \_\_\_ Copy of each owner's **Driver's License**  
(70% of ownership must be represented)

### **Section 2 – Applicable to**

- **New** (under 2 years) in Business **or**
- Established Business with **prior credit problems, or**
- **Restaurant, Trucking and Construction** Industries

all of the above plus:

- \_\_\_ Schedule of **References** (attached)
- \_\_\_ List any alternate sources of income  
(For new business, especially)
- \_\_\_ Copy of each owner's personal tax return for prior year  
(70% ownership must be represented)
- \_\_\_ Each owner's Personal Financial Statement  
(70% ownership must be represented, copy attached form as needed)
- \_\_\_ Last year's business tax returns

### **Section 3 - Only if **Prior Bankruptcy** or **Significant Derogatory** History**

*Most recent 12-24 months of credit history must be current*

all of the above plus:

- \_\_\_ List (titled and non-titled) of equipment (clear of liens) available as additional collateral
- \_\_\_ Other assets, including refundable security deposit, available as additional collateral

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### Schedule of References

**Business Insurance**      **Name**      \_\_\_\_\_

**Address**      \_\_\_\_\_

**Telephone**      \_\_\_\_\_

**Landlord**      **Name**      \_\_\_\_\_  
(if renting)

**Address**      \_\_\_\_\_

**Telephone**      \_\_\_\_\_

**Trade Vendor**      **Name**      \_\_\_\_\_

**Address**      \_\_\_\_\_

**Telephone**      \_\_\_\_\_

**Leasing Co.**      **Name**      \_\_\_\_\_  
(if leasing)

**Address**      \_\_\_\_\_

**Telephone**      \_\_\_\_\_

**Nearest Relative**      **Name**      \_\_\_\_\_

**Address**      \_\_\_\_\_

**Telephone**      \_\_\_\_\_