



Phone: 818-843-8686 x 24

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www.quailfinancialsolutions.com

APPLICANT

| | | | |
|---------------------------|----------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------|
| Legal Business Name _____ | | Trade Name _____ | |
| Address _____ | | City _____ | State _____ Zip _____ |
| Phone _____ | Fax _____ | Website _____ | Years In Business _____ |
| Type of business | Sole Proprietorship <input type="checkbox"/> | Partnership <input type="checkbox"/> | Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> |
| | | | Federal Tax ID _____ |

PERSONAL INFORMATION - Principals/ Officers/ Guarantors

| | | | |
|------------------------|-------------------------|------------------------------------------------------------|-------------------------|
| Name _____ Title _____ | | Name _____ Title _____ | |
| Address _____ | | Address _____ | |
| | | Own <input type="checkbox"/> Rent <input type="checkbox"/> | |
| Phone _____ | Soc. Sec. # _____ | Phone _____ | Soc. Sec. # _____ |
| Cell _____ | Date of Birth / / _____ | Cell _____ | Date of Birth / / _____ |
| Email _____ | Ownership % _____ | Email _____ | Ownership % _____ |

COMPANY BANK REFERENCE

Please attach last three months' business bank statements
(typically 1st page only with activity summary sections required)

LEASE / LOAN REFERENCES

Please attach a copy of recent monthly payment statement(s) for any term loan or equipment leases

VENDOR & EQUIPMENT INFORMATION

| | | | |
|-----------------------------|--------------|------------------------------|-------------------------------|
| Vendor Name _____ | | | |
| Vendor Address _____ | | City _____ | State _____ Zip _____ |
| Equipment Description _____ | Amount _____ | New <input type="checkbox"/> | Used <input type="checkbox"/> |

DECLARATION

The undersigned individual, on behalf of themselves and all others listed on this application, recognizing that their individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Quail Capital and any assignee, lender, or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as needed in the credit evaluation and review process, and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth (for individuals) and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents.

| | |
|---------------------------|-------------|
| Applicant Signature _____ | Title _____ |
| Printed Name _____ | Date _____ |

Please send completed application to ardyb@quailcap.com or fax to (818) 843-2068