



Finance Application

Capital Partners, LLC
101 N. Main Avenue
Suite 215
Sioux Falls, SD 57104
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Customer Info		Legal Business Name		Business Phone No.	
DBA * <i>Doing Business As</i> * (if applicable)				Fax No.	
Business Street Address		City/State/Zip Code		Contact Name & Email Address (if available)	
Description of Business				Yrs In Bus (current owner)	Tax Identification No.
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation (State _____) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> State or Local Government					
Ownership Info (Owners, partners and or principals / officers)	Name		Title		% Ownership
	Home Address		City/State/Zip Code		Social Security No.
	Name		Title		% Ownership
	Home Address		City/State/Zip Code		Social Security No.
	Name		Title		% Ownership
	Home Address		City/State/Zip Code		Social Security No.
Banking Reference	Bank Name		Account No.		Phone No.
	Bank #2 Name		Account No.		Phone No.
Equipment Description	Equipment Installation Location (<input type="checkbox"/> check if same as Customer's address)				Financing Amount Requested \$
	Vendor / Dealer			Equipment Description	

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any lender or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X	_____	_____	_____
Signature		Signer's Printed Name	Date
X	_____	_____	_____
Signature		Signer's Printed Name	Date
X	_____	_____	_____
Signature		Signer's Printed Name	Date

Detach Here

ECOA NOTICE (TO BE RETAINED BY APPLICANT)

Thank you for your business credit application. We will review it carefully and get back to you promptly. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.