Oakmont Capital Services
P.O. Box 219
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www.oakmontfinance.com

Oakmont Capital Services

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Business Development Officer
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TELL US ABOUT YOUR BUSINESS

Legal Business Name | D.B.A.

Nature of Business | Federal ID # | Annual Revenue

Business Type (check one): ◯ SOLE PROPRIETOR ◯ PARTNERSHIP ◯ CORPORATION ◯ S-CORPORATION ◉ LLC ◯ LLP

Years in Business | Business Start Date MM/DD/YYYY | Date of Incorporation MM/DD/YYYY | State of Incorporation

Business/Mailing Address | City | State | Zip-Code

County | Business Phone # | Business Cell # | Business Email

Equipment - physical location | City | State | Zip-Code

Insurance Agent Name | Insurance Agent Phone #

GUARANTOR 1

Guarantor First Name | MI | Guarantor Last Name | Guarantor Title

% Owned | Social Security # | Date of Birth MM/DD/YYYY | Country of Citizenship

Home Address | City | State | Zip-Code

Home Phone # | Cell Phone # | Email

Are You a Homeowner? YES NO | Have you ever filed for bankruptcy protection? YES NO | Discharge date: MM/DD/YYYY

GUARANTOR 2 (IF APPLICABLE)

Guarantor First Name | MI | Guarantor Last Name | Guarantor Title

% Owned | Social Security # | Date of Birth MM/DD/YYYY | Country of Citizenship

Home Address | City | State | Zip-Code

Home Phone # | Cell Phone # | Email

Are You a Homeowner? YES NO | Have you ever filed for bankruptcy protection? YES NO | Discharge date: MM/DD/YYYY

VENDOR / EQUIPMENT INFORMATION

Vendor Name | Contact Full Name | Vendor Phone #

Equipment Condition: NEW USED | Year of Equipment | Make & Model | Sale Price

CREDIT APPLICATION AGREEMENT

☑ By checking this box and signing this form I/we hereby authorize you, the Creditor to whom this application is made, or your agents/representatives/successors/designees/assignees/"recipients" to investigate my/our credit and agree to provide financial statements, tax returns, etc. as the Creditor deem necessary. By the execution of any lease/loan agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant that it is understood that the Creditor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, or for any other reason, and I/we will indemnify the Creditor for any and all costs incurred with this application for credit, including cost incurred in the placement or reservation of the intended equipment based on the information contained herein.

GUARANTOR 1 SIGNATURE | GUARANTOR 2 SIGNATURE | DATE

PLEASE COMPLETE AND FAX THIS APPLICATION TO 800-843-2948 **OR** SCAN AND EMAIL TO NEWAPPS@OAKMONTFINANCE.COM