



**EQUIPMENT LEASE FINANCE APPLICATION**  
 ATTENTION: DAN HARRIS  
 TOLL FREE 800.566.1993 x5627  
 DIRECT 303.800.1059 - FAX 303.459.6970  
[www.pinnaclecap.com](http://www.pinnaclecap.com)



**CUSTOMER INFORMATION:**

COMPLETE LEGAL NAME OF BUSINESS (including any dba's):		DATE BUSINESS STARTED: (under current ownership)	SOLE PROP	LLC	NON-PROFIT
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	COUNTY
PHYSICAL ADDRESS OF EQUIPMENT (if different than above)		CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	FAX NUMBER	CONTACT PERSON		E-MAIL ADDRESS	
FEDERAL TAX ID#	TYPE OF BUSINESS	HAS THE BUSINESS OR ANY PRINCIPAL/ OWNER EVER DECLARED BANKRUPTCY?			

**OWNER/STOCKHOLDER INFORMATION: IF MORE THAN TWO OWNERS, PLEASE USE ANOTHER SHEET**

PRINCIPAL #1 NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	
PRINCIPAL #2 NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	

**BANK REFERENCE:**

BANK NAME	ACCOUNT #	CONTACT	PHONE
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**\*\*\* PLEASE PROVIDE THE FRONT PAGE OF YOUR MOST RECENT THREE (3) MONTHS BANK STATEMENTS TO SPEED YOUR APPROVAL \*\*\***

**LEASE/LOAN REFERENCE:**

CREDITOR	ACCOUNT #	ORIG LEASE/LOAN AMOUNT	CONTACT	PHONE
CREDITOR	ACCOUNT #	ORIG LEASE/LOAN AMOUNT	CONTACT	PHONE

**VENDOR/EQUIPMENT INFORMATION: PLEASE ATTACH EQUIPMENT QUOTE OR INVOICE, IF AVAILABLE**

VENDOR NAME ShopBot Tools, Inc.	ADDRESS 3333 Industrial Dr., Durham, NC 27704	CONTACT
PHONE 919-680-4800	TYPE OF EQUIPMENT	APPROXIMATE COST
TERM REQUESTED 24 36 48 60 OTHER	END OF TERM \$ 1 out 10% FMV OTHER	AGE OF EQUIPMENT NEW USED
		MODEL YEAR (if used)

**CREDIT RELEASE AUTHORIZATION:**

Each of the above listed individuals is/are willing to serve as guarantor of the above transaction. Each of the undersigned on his or her behalf, authorize(s) Alliance Funding and its nominees to periodically obtain, and all such parties to release, credit and financial information (personal or business) and all financial and other information submitted with this application including obtaining a credit report requested by Alliance Funding or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/We authorize making continued inquiries about such information and obtaining a credit report during the term of my lease(s) or other contracts as necessary to administer my leases and contracts and or accounts. I authorize all past or present creditors to release any and all necessary credit information and to respond to requests for information. I/we completed this application to obtain credit for the applicant and certify that all statements contained herein are true and correct. I certify that the leases, loans or other contracts applied for herein are for business and/or commercial purposes and not for personal purposes. 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 that 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. A number of federal agencies share enforcement responsibility for this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington D.C. 20580, 1-877-382-4357.

Print Name: \_\_\_\_\_ Signature #1: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Signature #2: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX OR EMAIL COMPLETED APPLICATION TO:**  
 ATTENTION: DAN HARRIS - FAX 303.459.6970 - EMAIL: [dharris@alliancefunding.com](mailto:dharris@alliancefunding.com)