Equipment Financing Application

BUSINESS INFORMATION

Company Name:	Business Phone:	Business Fax:
Physical Address: City:	State:	Zip Code:
Years Under Same Ownership:		
Type of Business (Check One): ☐Corporation ☐Partnership ☐Proprietorship ☐Municipality ☐Nonprofit ☐ LLC		
Federal I.D. No.:	Date of Incorporation/Organization:	

PERSONAL INFORMATION *Include all owners to account for 100% of company ownership*

1. Owner / Primary Contact	Title:	Ownership %	SSN:
Home Phone:	Business Phone:	Alternate Phone:	E-mail Address:
Home Address:	City:	State:	Zip Code:
2. Owner	Title:	Ownership %	SSN:
Home Address:	City:	State:	Zip Code:
3. Owner	Title:	Ownership %	SSN:
Home Address:	City:	State:	Zip Code:

EQUIPMENT INFORMATION

Please attach the equipment quote if available			YEAR	MAKE	MODEL
1	Qty:	Price:			
2	Qty:	Price:			

Location where equipment will be based: ☐Business address ☐Home Address ☐Other (please describe below)

Address: City: State: Zip Code:

Equipment Seller: Contact Name City: State: Phone:

The undersigned authorizes all parties contacted to release credit & financial information requested by iNBEE Financial or their assigns.

_____ _____ _____

Signature Title Date

Fax application to 636-246-0197

iNBEE Financial 6209 Mid Rivers Mall Drive Suite 161 St. Charles, MO 63304 Tel (636)233-2782