



**ONE SOURCE CAPITAL, INC  
FINANCE APPLICATION**

Toll free: 877-848-4672  
Fax No. 248-474-5542

<b>Legal Company Name</b>				<b>E-mail address</b>	
Address		City	County	State	Zip
Contact Person		Title	Phone No.	Fax No.	
<b>Business Structure</b>		<b>No. Of Yrs. In Business</b>	<b>Equipment Description</b>		
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C.			Taxpayer I. D.		
			Type of Business		
<b>Equipment Cost</b>	<b>Lease Term</b>	<b>Pmt. Amount</b>	<b>Payment Frequency</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
<b>Signing Officer:</b>			<b>Additional Officer:</b>		
<b>Title:</b>			<b>Title:</b>		
<b>Social Security #:</b>			<b>Social Security #:</b>		
<b>Home Address:</b>			<b>Home Address:</b>		
<b>City, State, Zip:</b>			<b>City, State, Zip:</b>		
<b>Home Phone:</b>			<b>Home Phone:</b>		
<p>The undersigned individual(s) recognizing that his or her credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above-named business credit provider and any assignees, lender of funding service that may be utilized to obtain and use a consumer report on the undersigned, now and from time to time, as may be 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.</p>					
<hr style="width: 100%;"/> <b>Signing Officer Signature</b>			<hr style="width: 100%;"/> <b>Signing Officer Signature</b>		
<b>Present Bank</b>		<b>Checking Account #:</b>	<b>Loan Account #:</b>		
<b>Phone Number:</b>					
<b>LOANS/LEASES/TRADE REFERENCES: NAMES AND ADDRESS</b>			<b>PHONE</b>	<b>CONTACT</b>	
<b>Insurance Co. &amp; Phone #:</b>					
<p><b>I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO ONE SOURCE CAPITAL, INC OR ITS ASSIGNEES</b></p>					
<b>AUTHORIZED SIGNER &amp; TITLE</b>					