



# CAPITAL FUNDING GROUP

a division of Security Funding Services, Inc.

## Finance / Lease Application

Kevin Stout (888) 468-5822 ext 216

**PLEASE FAX TO: (877) 538-7234 or (425) 401-1826**

<b>QUOTE</b>
Number of Months
Equipment Cost
\$
Purchase Option
\$
Security Deposit
\$
Equipment Description

### VENDOR INFORMATION

Vendor Name  
SHINE WHITE

Vendor Address	City	County	State	Zip
1854 MARRON ROAD, SUITE 102	CARLSBAD		CA	92008

Contact Person	Telephone Number
GREG	760.612.5447

### LESSEE COMPANY INFORMATION

Company Name	Time In Business
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Company Address	City	County	State	Zip
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Signer	Title	Telephone Number
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Nature of Business \_\_\_\_\_ Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC

### PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name	Title	Social Security Number	% of Ownership
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Home Address	City	State	Zip	How Long?	Home Phone
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Name	Title	Social Security Number	% of Ownership
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Home Address	City	State	Zip	How Long?	Home Phone
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### COMPANY BANK REFERENCES - TWO YEARS

Name of Bank and Branch	How Long	Telephone	Contact Officer
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Checking Account Number	Savings Account Number	Loan Account Number
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Name of Bank and Branch	How Long?	Telephone	Contact Officer
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Checking Account Number	Savings Account	Loan Account Number
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### TRADE REFERENCES - TWO YEARS

Name of Supplier	City	St	Telephone	Contact
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Name of Supplier	City	St	Telephone	Contact
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Name of Supplier	City	St	Telephone	Contact
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By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Capital Funding Group, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. By the execution of the lease agreement, I/We warrant that the information submitted herein is true and correct and hereby authorize that any bank, lending institution, supplier, person or consumer reporting agency should comply and furnish any information Lessor deems necessary in connection with this Application. It is understood that the security deposit is not refundable unless the application is rejected by Lessor, any and all disputes must be heard in the county of King, state of WA. Further, I/We warrant it is understood that Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/We will indemnify Lessor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on the information contained herein.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

Signature X \_\_\_\_\_ Date: \_\_\_\_\_