**Complete, sign and return to: Email:kina@flourishcommercialcapital.com or eFax(561)293-4210**



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| **A**  **P**  **P**  **L**  **I**  **C**  **A**  **N**  **T** | **NAME**:.  **ADDRESS**:    **CITY**: **ST**: **ZIP**:  **PHONE**:  **Contact**  **FAX**:  **Emai**l:  **WEBSITE:** www. | | | **V**  **E**  **N**  **D**  **O**  **R** | | NAME:ADDRESS: **CITY**: **ST**: **ZIP**: PHONE: **Contact:**  **FAX**:  **Ema**il:  **WEBSITE:** www. | | |
| **“S CORPORATION**  **CORPORATION STATE**:  **LLC**  **PARTNERSHIP YEAR FORMED**:  **LLPFED TAX ID**:  **PROPRIETORSHIP**  **WHAT DOES COMPANY DO**: | | | | | | | | |
| **EQUIPMENT**: | | | | | | | | |
| **COST OF EQUIPMENT (EXCLUDING TAX)**: $ **Equipment Location:**  **Same**  **Different**    **NEW**  **USED** | | | | | | | | |
| **TERMS REQUESTED** | | | **PURCHASE OPTION**  FMV  Fixed $  Fixed % | | | | **ADVANCE RENTALS:** | |
| **BANK**:  **PHONE**:  **CONTACT**:  **CHECKING** #  **LOANS** #  **SAVINGS** # **­**  **BANK**:  **PHONE**:  **CONTACT**:  **CHECKING** #**LOANS** # **SAVINGS** # | | | | | | | | |
| **TRADES** | | **PHONE** | | | | | | **CONTACT/ACCOUNT NO.** |
| **OWNER/OFFICER STOCK %:**  **NAME**: **POSITION**:  **ADDRESS**:  **CITY**:  **ST**: **ZIP**:  **HOME PHONE**:  **SOC. SEC#**: | | | | | **OWNER/OFFICER STOCK %:**  **NAME**: **POSITION**:  **ADDRESS**:  **CITY**:  **ST**: **ZIP**:  **HOME PHONE**:  **SOC. SEC#**: | | | |

ECOA NOTICE AND DISCLOSURE. If your application for business credit is denied , you have the right to a written statement of the specific reasons for the denial. You may obtain the statement by written request to 401 East Jackson Street, Suite 2340, Tampa, FL 33602 (855) 214-6838 within 60 days from the date you are notified of a decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. 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 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. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

I/We the undersigned individual as principal of and/or guarantor for the applicant, authorizes the lender., 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 update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I/We authorize our bank to furnish any information requested. A fax copy of this authorization shall be valid as the original.

**SIGNED**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_**\_\_**