

## For Rapid Response Credit Approval\* Fax Completed Application to: 978-749-3665 QUESTIONS? - 800-995-3273 / 978-749-9939

## **APPLICANT INFORMATION:**

COMPANY NAME		DBA (If Applicable)						DATE ESTABLISHED		
COMPANY ADDRESS			CITY		STA	TE	ZIP	1	TELEPHONE NO	FAX NO.
% OF BUSINESS CONDUCTED OU	TES?	PROPRIETORSHIP PARTNERS			L NERSHIP / LLC	CORPORATION				
PRIMARY CONTACT		FEDERAL TAX	X NO		MED	ICAL LICENS	SE NO. (if applica	able)	E-MAIL ADDRESS	
	00114		KIIO.		WILD	TO/AL LIOLIN	<u>02 110. (II appliot</u>	abioj	TE WINTE NOBINESS	
APPLICANT BANK INF	<u>ORMA</u>		l Di	IONE NO	1	TVDE	ACCOUNT		CONTACT	ACCOUNT
BANK		CITY/STATE	HONE NO.	ENO. ITPE		CCOUNT		CONTACT	ACCOUNT	
INFORMATION ON OW	NERS	/ GUARAN	ITORS:							
NAME(S)	1.			2	2.				3.	
HOME STREET										
HOME CITY, STATE, ZIP										
HOME TELEPHONE NO.										
SOCIAL SECURITY NO.										
DATE OF BIRTH										
% OF OWNERSHIP										
ARE YOU AN AMERICAN CITIZEN?	Yes [		No 🗌	7	Yes 🗌		No 🗌		Yes 🗌	No 🗌
EQUIPMENT INFORMA	TION:	We Finance	All Types of Equ	uipment	!					
			DDRESS						STATE	ZIP
CONTACT			TELEPHONE NO	).			C	OST OF E	EQUIPMENT:	
EQUIPMENT DESCRIPTION / SALES QUOTE ATTACHED EQUIPMENT LOCATION (if or								ent than Le	essee address above)	
<b>▲</b> EQUIPMENT	FINA	NCING	FOR ALL	OF \	YOUF	RBUS	INESS A	AND F	PRACTICE I	NEEDS
I/we hereby authorize you to whom thi review the information carefully and ge statement, please contact us within 60 statement. NOTICE: The Federal Equ (provided the applicant has the capacit exercised any right under the Consume 60604-1413. To help the government person who opens an account. What the driver's license or other identifying documents.	It back to you It back to you It days from It all Credit Op It on the from It on	ou promptly. If yo the date that yo pportunity Act pro- to a binding cont tection Act. The fi ding of terrorism or you: when you	our application for bust ou are notified of our oblibits creditors from tract), because all or federal agency that a and money launderi open an account, we	gate my/ou siness creat decision. In discriminal part of the administers ing activities will ask for	dit is denied We will ser ating agains applicant's our complias, Federal or your name	rthiness and vid, you have the digital you a written of you a written or credit application income derivence with this law requires and address, and address, and address, and the second income of th	ne right to a writte ten statement of t cants on the basi- es from any public law is the Federal all financial institu	en statemer the reasons s of race, c assistance Reserve B tions to ob	at of the specific reasons to so for the denial within 30 occolor, religion, national or the program; or because the stank of Chicago, 230 Soutl tain, verify, and record info	or the denial. To obtain that days of your request for the gin, sex, marital status, age applicant has, in good faith, a LaSalle Street, Chicago, IL ormation that identifies each
X Owner / Guarantor #1				x Owner / Guarantor #2						

PLEASE RETURN COMPLETED APPLICATION VIA FAX TO 978-749-3665

**STANDARD CAPITAL CORPORATION** 

**200 Brickstone Square, Suite 406 · ANDOVER, MA 01810** (800) 995-3273 / (978) 749-9939