

Commercial Financing Application

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Email: finance@camaster.com
 Fax: 866-789-1810



149 Wansley Drive
 Cartersville, GA 30121
<http://www.camaster.com>

B U S I N E S S	BUSINESS NAME/LESSEE		TRADE NAME (DBA)		CONTACT	
	PHYSICAL ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	TYPE OF BUSINESS		TELEPHONE	EXT	FAX NUMBER	
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	OWNERSHIP: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> C CORP <input type="checkbox"/> SUB "S" CORP <input type="checkbox"/> L.L.C.					FED. TAX NO.
	NUMBER OF EMPLOYEES	STATE OF INCORPORATION	DATE BUSINESS STARTED		DATE OF PRESENT OWNERSHIP	

O W N E R S H I P	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.	DATE OF BIRTH	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.	DATE OF BIRTH	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.	DATE OF BIRTH	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.	DATE OF BIRTH	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.

B A N K S	BANK	CONTACT	TELEPHONE	FAX
	<input type="checkbox"/> ACCOUNT UNDER NAME OF	<input type="checkbox"/> CHECKING ACCT. NO.	<input type="checkbox"/> SAVINGS ACCOUNT #	BORROWING
	<input type="checkbox"/> BANK	<input type="checkbox"/> CONTACT	<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> FAX
	<input type="checkbox"/> ACCOUNT UNDER NAME OF	<input type="checkbox"/> CHECKING ACCT. NO.	<input type="checkbox"/> SAVINGS ACCOUNT #	<input type="checkbox"/> YES <input type="checkbox"/> NO

T R A D E	COMPANY NAME	TELEPHONE NO.	CONTACT PERSON	ACCOUNT NO.

VENDOR CAMASTER, INC.			SALES PERSON		PHONE #
PAYMENT \$	TAX AMOUNT \$	=	TOTAL \$	RATE FACTOR USED	DEPOSIT RECEIVED \$
<input type="checkbox"/> NEW <input type="checkbox"/> USED	EQUIPMENT TO BE FINANCED				
TERM REQUESTED	PURCHASE OPTION	EQUIPMENT COST			

I/We hereby authorize the release of any and all credit information to lessor(s) and its assigns or agents from the above listed references, and certify that all is true and correct to the best of my knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit application, hereby consents to and authorizes the above named business credit provider to verify all information provided, and to obtain and use a credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process.

_____ _____
 Applicant's Signature Title ↑ Date ↑ Applicant's Signature Title ↑ Date ↑

CAMaster, Inc. does not offer lease finance. This form will be submitted to preferred vendors for the sole purpose of securing leasing rates in the purchase of CAMaster products. CAMaster, Inc does not guarantee financing as individual credit histories may be a factor in the evaluation of the lease application. By submitting this form you agree to allow CAMaster, Inc assist with securing financing and to not hold CAMaster, Inc. responsible for the outcome and or issues that may arise once the financing has been secured.