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 Tripp Prichard



Complete Legal Name of Business:		Business Structure (please check one)			
		<input type="checkbox"/> Sole Proprietor LLC		<input type="checkbox"/> LLC	
		<input type="checkbox"/> Partnership Municipal		<input type="checkbox"/> Municipal	
		<input type="checkbox"/> Limited Partnership Non-Profit		<input type="checkbox"/> Non-Profit	
		<input type="checkbox"/> "S" Corporation		<input type="checkbox"/> "C" Corporation	
Type of Business:	Date Business Started:	Years Under Current Ownership:	Federal Tax ID #:		
Billing Address of Business:		City:	State:	Zip Code:	County:
Equipment Address: (if different than above)		City:	State:	Zip Code:	County:
Phone Number:	Fax Number:	Cell Number:			
Contact Person:	E-Mail:				

PRINCIPALS:

Name:	% Owned:	Social Security#:		
Title:				
Home Address:	City:	State:	ZIP Code:	
Name:	% Owned:	Social Security#:		
Title:				
Home Address:	City:	State:	ZIP Code:	

EQUIPMENT:

Supplier Name:	Supplier Contact:			
Supplier Phone Number:	Supplier Fax Number:			
Type of Equipment: (Please include a copy of the equipment order if possible)	\$	Age of Equipment	Model Year if Used	
	Approximate cost of equipment	<input type="checkbox"/> New <input type="checkbox"/> Used		
	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	<input type="checkbox"/> \$1.00		
	Lease/Finance term in months	<input type="checkbox"/> Equipment Finance Contract		
		<input type="checkbox"/> Other _____		

BANK REFERENCE: Please include deposit and loan accounts

Bank name and address:	Contact:
	Phone #:
Account #:	Average Balance:

TRADE REFERENCE: (Comparable Credit)

Name:	Contact:
City, State:	Phone:

PLEASE READ AND SIGN:

By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Smokey Mountain Funding, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau, and further authorizes my/our financial institutions and creditors to release credit information required by Lessor or its designee (and any assignee or potential assignee thereof). Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____