



# CARREON FUNDING SOLUTIONS

YOUR PATH TO GROWTH

Phone: (805) 766-6921 Email: carreonfundingsolutions@gmail.com

BUSINESS CREDIT APPLICATION					
LEGAL BUSINESS NAME		DBA NAME (IF APPLICABLE)		FEDERAL TAX ID#	
BUSINESS PHYSICAL ADDRESS			CITY	STATE	ZIP
BUSINESS MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			CITY	STATE	ZIP
BUSINESS PHONE ( )		BUSINESS FAX ( )		BUSINESS EMAIL	
ENTITY TYPE (CHECK ONE) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC		# TRUCKS IN FLEET:	# OF EMPLOYEES	# OF YEARS AS OWNER	LAST YEAR'S GROSS SALES
		# TRAILERS IN FLEET:			PROJECTED SALES FOR THIS YEAR
OFFICE CONTACT & TITLE			ADDRESS WHERE EQUIPMENT WILL BE KEPT WHEN NOT IN USE		
NAME OF PRINCIPAL OWNERS OF BUSINESS					
NAME OF OWNER (FIRST MIDDLE, LAST):		TITLE	% OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY #
HOME ADDRESS		CITY	STATE	ZIP	CELL PHONE #
				RENT <input type="checkbox"/> OWN <input type="checkbox"/>	
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, ARE YOU A PERMANENT RESIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		PERSONAL EMAIL	
NAME OF OWNER (FIRST MIDDLE, LAST):		TITLE	% OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY #
HOME ADDRESS		CITY	STATE	ZIP	CELL PHONE #
				RENT <input type="checkbox"/> OWN <input type="checkbox"/>	
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, ARE YOU A PERMANENT RESIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		PERSONAL EMAIL	
ADDITIONAL INFORMATION					
COMMERCIAL LOAN REFERENCE FINANCE COMPANY NAME:		ACCOUNT #	EQUIPMENT DESCRIPTION / AMOUNT FINANCED		
BANK REFERENCE (BUSINESS CHECKING)		ACCOUNT #	AVERAGE MONTHLY BALANCE		
EQUIPMENT INSURANCE COMPANY		AGENT	PHONE ( )	FAX # OR EMAIL	
<p>By signing this Business Credit Application, I hereby provide written authorization to Carreon Funding Solutions "CFS" or it's designee and/or associate to whom this application is submitted ("You") to review or obtain my business or personal credit information from any business or consumer reporting agency. Additionally, this authorization permits You to share and exchange information and to request, obtain and review bank, financial or other information from past, present or potential creditors. This authorization extends to future reviews of my personal or business credit information for the uses of update, renewal or future extension of credit, as well as for reviewing and for collection of my account. A photocopy or facsimile copy of this authorization shall be as valid as the original. I further certify that all information submitted and contained in this application is complete, true, and accurate.</p>					

APPLICANT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_