

**Pinnacle Funding, Inc.**

2002 Baynard Blvd
 Wilmington, DE 19802
 Tel 888-249-4869

Please forward completed application to: fax 888.683.4811

LESSEE INFORMATION			
Full Name of Company			
Street Address			
City	State	Zip	
Contact Name		Phone #	
Fax #		E-mail	
Business Description			
Time in Business Under Current Ownership			
Type of Business: <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit			
Tax ID #			

BANK REFERENCES	
Principal Bank Name	
Account Numbers	
Telephone #	Contact Name

LOAN / LEASE REFERENCES	
Principal Bank Name	
Account Numbers	
Telephone #	Contact Name

TRADE REFERENCES	
Name	
Phone #	
Contact Name	Account #
Name	
Phone #	
Contact Name	Account #

VENDOR INFORMATION			
Name of Vendor			
Address			
City	State	Zip	
Contact		Phone #	
Description of Equipment			

LEASE REQUESTED	
Dollar Amount	
Number of Months	Purchase Option <input type="checkbox"/> \$1 <input type="checkbox"/> FMV <input type="checkbox"/> 10%

PRINCIPAL INFORMATION			
Name			
Home Address			
City	State	Zip	
Telephone #		Ownership %	
Social Security #			

Name			
Home Address			
City	State	Zip	
Telephone #		Ownership %	
Social Security #			

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Pinnacle Funding, Inc. , its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus, bank references and trade references in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature
Print Name
Date

Signature
Print Name
Date