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## Company Verification

Legal Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Equipment Information

Term: 24mo. 36mo. 48mo. 60mo.

Equipment Description: \_\_\_\_\_ Equipment Cost: \_\_\_\_\_ Vendor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Budgeted Mo. Payment: \_\_\_\_\_

### Business Checking

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

Annual Business Revenue: \_\_\_\_\_ Average Bank Balance: \_\_\_\_\_ Monthly Credit Card Volume: \_\_\_\_\_

### Lease / Loan Experience

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Acct#: \_\_\_\_\_

### Ownership

Time in Business: \_\_\_\_\_ Business Type: Corp. LLC Proprietorship Partnership

Owner 1: \_\_\_\_\_ SS# \_\_\_\_\_ % Ownership \_\_\_\_\_ Title: \_\_\_\_\_

Owner 2: \_\_\_\_\_ SS# \_\_\_\_\_ % Ownership \_\_\_\_\_ Title: \_\_\_\_\_

Owner 3: \_\_\_\_\_ SS# \_\_\_\_\_ % Ownership \_\_\_\_\_ Title: \_\_\_\_\_

By signing below, the undersigned individual, who is either principle of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau, as well as obtaining bank and/or other credit information as required. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the application received.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

★ Fax or Email to Don Johnson ★