

KB CAPITAL

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COMMERCIAL FINANCE APPLICATION

CIRCLE APPROPRIATE BUSINESS STRUCTURE: PROPRIETORSHIP, PARTNERSHIP, CORPORATION (C-CORP OR S-CORP)

BUSINESS NAME/LESSEE		CONTACT		TELEPHONE	
ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
NATURE OF BUSINESS(OR SIC CODE)	APPROX ANNUAL REVENUE \$	FAX NUMBER		AGE OF BUSINESS	FED. TAX NO.
LOCATION OF EQUIPMENT (STREET) *If different from above.		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)			(CITY)	(STATE) (ZIP CODE)
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)			(CITY)	(STATE) (ZIP CODE)
			<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

BANK	CONTACT	FAX	TELEPHONE
ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	CURRENT BALANCE	
BANK	CONTACT	FAX	TELEPHONE
ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	CURRENT BALANCE	

COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

VENDOR			CONTACT
ADDRESS (STREET)			(CITY) (STATE) (ZIP CODE) TELEPHONE
EQUIPMENT TO BE LEASED			FAX
COST OF EQUIPMENT \$	TERM OF LEASE	LEASE END PURCHASE OPTION	

I hereby authorize KB Capital or its correspondent financing partners or other investigative agencies employed by KB Capital to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I hereby warrant that I have requisite authority to engage in and negotiate this financing application.

X

SIGNATURE/TITLE

DATE