



Equipment Finance Application

Company Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Years in Business: _____

Address of Equipment location: _____

Company Website: _____ Tax Exempt Yes No Fed ID #: _____

Check One: Corp. LLC Partnership Sole Prop. State of Incorp: _____

Bank: Include copy of first page of Company's most recent 3 months bank statements

Vendor Name: _____ Contact: _____ Equipment Cost: _____

Equipment Description (attach sales order if available): _____

Please complete the following information, and signature, of each officer:

1) Owner's Name: _____ Title: _____

Social Security Number: _____ % Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

2) Owner's Name: _____ Title: _____

Social Security Number: _____ % Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

3) Owner's Name: _____ Title: _____

Social Security Number: _____ % Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby certify that the information contained in the lease application is true and accurate and I hereby authorize our banks, trade references and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing statements showing the Secured Party's interest in the equipment and grant the Secured Party's right to execute lessee's/debtors name thereto. A photocopy of this authorization shall be as valid as the original.

Accept

Signature: _____ Title: _____ Date: _____

SCM Group Equipment Finance
2475 Satellite Blvd
Duluth, GA 30096

Phone: 800.292.1837
Fax: 770.813.8263
financing@scmgroup.com

Kevin Mellon
kmellon@scmgroup.com
404.759.3575

Blair Hundley
bhundley@scmgroup.com
770.238.8500

Max Mellon
mmellon@scmgroup.com
770.655.6876

**SUBMIT
APPLICATION**