



Application

*Application must be
Complete for processing.*

Send to
 Fx 501-767-0288
 or
ksully@adiacapital.com
www.adiacapital.com

BUSINESS	BUSINESS NAME/LESSEE		TRADE NAME (DBA)		CONTACT	
	PHYSICAL ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	NATURE OF BUSINESS		TELEPHONE EXT	FAX NUMBER		E-MAIL
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	OWNERSHIP: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> C CORP <input type="checkbox"/> SUB "S" CORP <input type="checkbox"/> L.L.C.					FED. TAX NO.
	NUMBER OF EMPLOYEES		STATE OF INCORPORATION		DATE BUSINESS STARTED	

OWNERSHIP	PRINCIPAL'S NAME		TITLE		% OWNERSHIP	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PLACE OF EMPLOYMENT		WORK PHONE #		CELL PHONE #		E-MAIL
	PRINCIPAL'S NAME		TITLE		% OWNERSHIP	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PLACE OF EMPLOYMENT		WORK PHONE #		CELL PHONE #		E-MAIL

HAS THE APPLICANT OR ANY GUARANTOR EVER HAD: <input type="checkbox"/> Repossession <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Judgement <input type="checkbox"/> None			IF APPLICABLE, WHEN?	DATE SETTLED/DISCHARGED/RELEASED
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BANK	BANK	CONTACT	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	SAVINGS ACCOUNT #	BORROWING <input type="checkbox"/> YES <input type="checkbox"/> NO

EQUIPMENT	VENDOR			SALES PERSON	Phone #
	PAYMENT	PURCHASE OPTION	TOTAL	RATE FACTOR USED	DEPOSIT RECEIVED
	EQUIPMENT TO BE LEASED				<input type="checkbox"/> NEW <input type="checkbox"/> USED
	LEASE TERM REQUESTED	EQUIPMENT COST	FREIGHT	TOTAL FINANCED	

The applicant(s) certifies that all information contained in this application, and all attachments hereto, are true and complete to the best of the applicant(s) knowledge, and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorize us and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now, from time to time, and at any time in the future, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorize any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) ACL, and/or its assigns. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimile signature shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. A non-refundable documentation fee will be required for the preparation and distribution of lease documents.

X _____
 Applicant's Signature Title Date

X _____
 Applicant's Signature Title Date