

**Oakmont Capital Services, LLC**

Suite # 200  
 1398 Wilmington Pike  
 West Chester, PA 19382



Oakmont Capital Services, LLC

Call: (877) 701-2391  
 Fax: (800) 843-2948  
 credit@oakmontfinance.com  
 www.oakmontfinance.com

**TELL US ABOUT YOUR BUSINESS**

Legal Business Name		D.B.A.	
Nature of Business		Federal ID #	Annual Revenue
Business Type (check one): <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP			
Years in Business	Business Start Date <small>MM/DD/YYYY</small>	Date of Incorporation <small>MM/DD/YYYY</small>	State of Incorporation
Business/Mailing Address		City	State Zip-Code
County	Business Phone #	Business Cell #	Business Email
Equipment - physical location		City	State Zip-Code
Insurance Agent Name		Insurance Agent Phone #	

**GUARANTOR 1**

Guarantor First Name		MI	Guarantor Last Name		Guarantor Title
% Owned	Social Security #		Date of Birth <small>MM/DD/YYYY</small>	Country of Citizenship	
Home Address		City	State	Zip-Code	
Home Phone #		Cell Phone #	Email		
Are You a Homeowner? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever filed for bankruptcy protection? <input type="checkbox"/> YES <input type="checkbox"/> NO		Discharge date: <small>MM/DD/YYYY</small>	

**GUARANTOR 2 (IF APPLICABLE)**

Guarantor First Name		MI	Guarantor Last Name		Guarantor Title
% Owned	Social Security #		Date of Birth <small>MM/DD/YYYY</small>	Country of Citizenship	
Home Address		City	State	Zip-Code	
Home Phone #		Cell Phone #	Email		
Are You a Homeowner? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever filed for bankruptcy protection? <input type="checkbox"/> YES <input type="checkbox"/> NO		Discharge date: <small>MM/DD/YYYY</small>	

**VENDOR / EQUIPMENT INFORMATION**

Vendor Name		Contact Full Name		Vendor Phone #
Equipment Condition: <input type="checkbox"/> NEW <input type="checkbox"/> USED	Year of Equipment	Make & Model	Sale Price	

**CREDIT APPLICATION AGREEMENT**

By checking this box and signing this form I/we hereby authorize you, the Creditor to whom this application is made, or your agents/representatives/successors/designees/assignees/"recipients" to investigate my/our credit and agree to provide financial statements, tax returns, etc. as the Creditor deem necessary. By the execution of any lease/loan agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant that it is understood that the Creditor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, or for any other reason, and I/we will indemnify the Creditor for any and all costs incurred with this application for credit, including cost incurred in the placement or reservation of the intended equipment based on the information contained herein.

GUARANTOR 1 SIGNATURE	GUARANTOR 2 SIGNATURE	DATE
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PLEASE COMPLETE AND FAX THIS APPLICATION TO 800-843-2948 OR SCAN AND EMAIL TO CREDIT@OAKMONTFINANCE.COM