



Premier Small Business Solutions, LLC

# Equipment Financing

Send your request by Fax or E-mail

Fax: (866) 240-8454

E-mail: [inquiry@premierfinancingsolutions.com](mailto:inquiry@premierfinancingsolutions.com)

## Pre-qualification Application

### Company Information

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Web Address: \_\_\_\_\_

### Company Structure/Type

C-Corp     LLC     Proprietorship  
 S-Corp     Partnership  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Duns # \_\_\_\_\_

Existing     New Business    Date Established: \_\_\_\_\_ State Filed: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Trade and/or Past Names: \_\_\_\_\_

Products/Services: \_\_\_\_\_

Is Business engaged in exporting:         Yes     No

Does the Business have Purchase Orders:     Yes     No

### We are a:

Manufacturer     Wholesaler/Distributor     Service  
 Real-estate Investment company  
 Trucking         Other (please explain) \_\_\_\_\_

### Our Customers Are:

Retailers     Wholesalers     Industrial Firms     Government  
 Foreign         Construction     Other: \_\_\_\_\_

## TRANSACTION SUMMARY

- REASON FOR FINANCING (describe exactly what your need is)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Principal(s) Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
FICO Score: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
FICO Score: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**Past/Present/Future Liens on Assets**

- 1. Do you have receivables? If no, jump down to # 5  Yes  No
- 2. Will you factor your eligible receivables?  Yes  No
- 3. Has this company ever factored or pledged its receivables in the past?  Yes  No
- 4. Are the company's receivables presently factored or pledged to anyone?  Yes  No
- 5. Are there any tax liens, suits or judgments filed against the company?  Yes  No
- 6. Are any federal and/or state taxes past due?  Yes  No
- 7. Is the company now or has it ever been in bankruptcy?  Yes  No
- 8. Have any company owners now or ever been in bankruptcy?  Yes  No
- 9. Does your firm use an outside payroll service?  Yes  No

Further explanation on "Yes" to above (#4-6)

\_\_\_\_\_  
\_\_\_\_\_

**Equipment Financing:**

Equipment Description: \_\_\_\_\_ Equipment Cost: \$ \_\_\_\_\_

Terms:  24 Months  36 Months  48 Months  60 Months

Preferred Buyout:  \$1  FMV (Fair Market Value)

Vendor: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location of Equipment:  Same as applicant address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Has there been a change of ownership during the last 12 months or has there been a change in the name of the business?  Yes  No

If yes, explain:

**Please fax or e-mail the following information:**

- List  Copy of Articles of Incorporation
- (3) Trade Reference: Company Name, Contact and Phone Numbers
- Credit Reference: (Lease or Loan) Creditor, Account, Contact and Phone Number
- Bank Reference: Names, Account, Contact and Phone Numbers
- Most recent Corporate and Personal Income Tax Return and/or Most recent Financial Statements
- Past Three Fiscal Years Financial Statements (balance sheet, Profit & Loss and Income statements)

\*Financial Statements: (balance sheet, Profit & Loss and Income statements)

## Schedule of Debt

\*(Please include all loans, capital leases and operating leases)

Lender or Lessor	Original Balance	Current Balance	Monthly Payment	Interest Rate	Maturity Date	Collateral
Contact: _____ Address: _____ _____ Phone: _____						
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Contact: _____ Address: _____ _____ Phone: _____						