



**Business Information**

|  |  |  |                        |   |                   |
|--|--|--|------------------------|---|-------------------|
| Legal company name (include DBA)   |  | Tax ID # (not SSN)   |                        | Industry  |                   |
| Entity type<br>Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Other <input type="checkbox"/> |  |  | State of incorporation |   | Other entity type |
| Business street address  |  | City   | State                  | ZIP   | Company website   |
| Primary phone number   |  | Is this a mobile number?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                        | Preferred email address   |                   |
| Date current ownership began<br>Year _____ Month _____   |  | Annual gross revenue<br>\$ _____   |                        | Funding type requested<br>Working Capital <input type="checkbox"/> Equipment Financing <input type="checkbox"/> |                   |
|  |  |  |                        | Funding amount requested  |                   |

**Equipment Information**

**Equipment Details**

|                         |   |   |  |                                 |
|-------------------------|---|---|--|---------------------------------|
| Type of equipment       | Year  | Make  | Model  | Current fleet size              |
| Equipment cost          | Condition<br>New <input type="checkbox"/> Used <input type="checkbox"/> |   | Description, additional equipment, any other details |                                 |
| <b>Equipment Seller</b> |   |   |  |                                 |
| Business name           |   | Private party seller?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                 |
| Phone number            | Contact name  |   |  | <b>Insurance Representative</b> |
| Email                   |   | Contact name  | Phone number   |                                 |
|                         |   | Email   |  |                                 |

**Owner(s) Information**

**Primary Guarantor**

|                     |   |  |             |       |  |
|---------------------|---|--|-------------|-------|--|
| Name                |   | Title  | Ownership % | DOB   | SSN  |
| Credit score        | Prior bankruptcy?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Explain (when filed, when discharged, etc.)  |             |       |  |
| Home street address |   | City   | State       | ZIP   | Status<br>Rent <input type="checkbox"/> Own <input type="checkbox"/> |
| Phone number        |   | Is this a mobile number?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |             | Email |  |

**Additional Guarantor**

|                     |   |  |             |       |  |
|---------------------|---|--|-------------|-------|--|
| Name                |   | Title  | Ownership % | DOB   | SSN  |
| Credit score        | Prior bankruptcy?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Explain (when filed, when discharged, etc.)  |             |       |  |
| Home street address |   | City   | State       | ZIP   | Status<br>Rent <input type="checkbox"/> Own <input type="checkbox"/> |
| Phone number        |   | Is this a mobile number?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |             | Email |  |

**Credit Authorization**

I/We hereby authorize CapX Funding Corp., its designee, assigns or potential assigns to review my/our personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. I/We also agree to furnish bank statements, financial statements, and tax returns upon request. A facsimile, electronic or other copy of this authorization shall be as valid as the original. By signing below, you consent to allow CapX Funding Corp. to store and process the personal information entered herein to provide the services you requested.

\_\_\_\_\_  
 X Print name Date

\_\_\_\_\_  
 X Print name Date