



phone: 866-914-2279  
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Credit Application  
 web: www.capxfunding.com  
 email: info@capxfunding.com

## Business Information

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

## Equipment Information

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

## Owner(s) Information

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

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Credit score	Prior bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Explain (when filed, when discharged, etc.)			
Home street address		City	State	ZIP	Status Rent <input type="checkbox"/> Own <input type="checkbox"/>
Phone number		Is this a mobile number? 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