

Main Office:  
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OAKMONT CAPITAL SERVICES, LLC

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**CREDIT APPLICATION - ALL OWNERS MUST BE DISCLOSED**

BUSINESS TYPE: (CHECK ONE)										SOLE PROPRIETOR		PARTNERSHIP		CORPORATION		S-CORPORATION		LLC		LLP				
LEGAL BUSINESS NAME:										D / B / A:														
NATURE OF BUSINESS:										FEDERAL ID #:					TIME IN BUSINESS: Years									
MAILING/BUSINESS ADDRESS:										CITY:					STATE:					ZIP:		COUNTY:		
BUSINESS PHONE:					EXT.					BUSINESS FAX:					CELL:									
WEBSITE:					LOCATION WHERE EQUIPMENT IS KEPT (IF DIFFERENT FROM ABOVE)																			
ANNUAL REVENUE:			# OF EMPLOYEES:			DATE OF INCORPORATION:			STATE OF INCORPORATION:			BUSINESS START DATE:												
<b>GUARANTOR 1 FULL NAME</b>			<b>TITLE</b>			<b>SOCIAL SECURITY #</b>			<b>% OWNED</b>		<b>DATE OF BIRTH</b>			<b>HOME ADDRESS</b>										
Home Phone:			Cell Phone:			E-mail:			Are you a homeowner?		Yes		No		Country of Citizenship									
Have you ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the discharge date?															Country of Citizenship									
<b>GUARANTOR 2 FULL NAME</b>			<b>TITLE</b>			<b>SOCIAL SECURITY #</b>			<b>% OWNED</b>		<b>DATE OF BIRTH</b>			<b>HOME ADDRESS</b>										
Home Phone:			Cell Phone:			E-mail:			Are you a homeowner?		Yes		No		Country of Citizenship									
Have you ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the discharge date?															Country of Citizenship									
<b>GUARANTOR 3 FULL NAME</b>			<b>TITLE</b>			<b>SOCIAL SECURITY #</b>			<b>% OWNED</b>		<b>DATE OF BIRTH</b>			<b>HOME ADDRESS</b>										
Home Phone:			Cell Phone:			E-mail:			Are you a homeowner?		Yes		No		Country of Citizenship									
Have you ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the discharge date?															Country of Citizenship									
<b>BANK / MONEY MARKET ACCOUNTS</b>					<b>ACCOUNT #</b>					<b>TELEPHONE #</b>					<b>CONTACT PERSON</b>									
<b>BUSINESS LOAN REFERENCE</b>					<b>ACCOUNT #</b>					<b>TELEPHONE #</b>					<b>CONTACT PERSON</b>									
<b>VENDOR / EQUIPMENT INFORMATION</b>																								
VENDOR:					ADDRESS:					CITY, STATE, ZIP:					SALE PRICE:									
CONTACT:					PHONE:					FAX:					EMAIL:					FINANCE REQUEST:				
New Used		YEAR:		MAKE:		MODEL:		DESCRIPTION:					VIN / SERIAL:					DELIVERY DATE:						

I hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/we agree that any security deposit paid is not refundable unless the application is rejected. 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 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 Creditor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended equipment based on the information contained herein.

BY CHECKING THIS BOX AND TYPING NAME BELOW, I/WE ELECTRONICALLY SIGN THIS APPLICATION.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
GUARANTOR 1 SIGNATURE GUARANTOR 2 SIGNATURE GUARANTOR 3 SIGNATURE