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www.restaurantsolutionsinc.com

**COMMERCIAL EQUIPMENT FINANCING  
 BUSINESS INFORMATION**

LEGAL NAME OF BUSINESS ENTITY		TELEPHONE NUMBER	
ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY) (ZIP CODE)
CELL PHONE NUMBER	FAX NUMBER	FED. TAX NO.	
EMAIL ADDRESS	NUMBER OF YEARS IN BUSINESS	YEARS UNDER PRESENT CONTROL	

**OWNERSHIP INFORMATION**

<b>BUSINESS STRUCTURE</b>	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC		
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	SOC. SEC. NO.
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	SOC. SEC. NO.

**BANK INFORMATION**

BANK	CHECKING ACCOUNT NUMBER(S)
PHONE NUMBER	FAX NUMBER CONTACT

By signing below, each undersigned individuals(s), who is either a principle of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his or his personal credit profile from a national credit bureau. Such a authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purpose of update renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. In addition to authorizing review of my/our credit profile from any national credit bureau the undersigned also authorizes my/our financial institutions and creditors to release credit information required by Lessor or its designee (and any assignee or potential assignee thereof).

**X**

MEMBER SIGNATURE

DATE

**Please Complete and Fax to (714) 415-7821 Attention: Rick Thome  
 Direct Phone: (714) 415-7833**

