



**\$90 in '09**



**\$90 Down, \$90 a Month for 90 Days!**



CAPITAL PARTNERS

**Call Corey For Details #866-769-2345**  
 101 N. Main Ave Suite 215 Sioux Falls, SD 57104  
 Phone: 866-769-2345 Fax: 605-271-7133  
[www.yourcapitalpartner.com](http://www.yourcapitalpartner.com)

<b>Customer Info</b>	Legal Business Name		Business Phone No.	
DBA *Doing Business As* (if applicable)			Fax No.	
Business Street Address		City/State/Zip Code	Years in Business (current owner)	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation (State _____) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> State or Local Government				
<b>Ownership Info</b> <i>(Owners, partners and or principals / officers)</i>	Name	Title	% Ownership	Home Phone No.
	Home Address		City/State/Zip Code	Social Security No.
	Name	Title	% Ownership	Home Phone No.
	Home Address		City/State/Zip Code	Social Security No.
<b>Equipment Description</b>	Vendor / Dealer	Equipment Description	Financing Amount Request \$	

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any lender or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

X \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_