

RIVER ROCK FINANCIAL SERVICES, INC.

Business Name _____ Address _____

City _____ County _____ State _____ Zip Code _____

Proprietorship _____ Partnership _____ LLC _____ Corporation _____ State of Incorporation _____

Social Security # _____ Fed ID # _____

Business Phone _____ Cell _____ Fax _____

E-Mail Address: _____

Type of Business _____ Years in Business _____ Home Owner: Yes / No

Principals: (President or Owner)

Lessee Name & Title

Home Address & Zip

Description of Equipment: _____

Amount: \$ _____ Quantity _____ New _____ Used _____ Buy Out _____ Terms (mos): _____

Vendor of Equipment to be leased:

Name _____ Address (City & State) _____ Contact Person _____ Phone _____

Bank Information:

Bank _____ Bank _____

Acct # _____ Acct# _____

Phone _____ Phone _____

Officer to contact _____

(If lessee has been banking at the first Bank for less than 2 years, give second bank info)

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes River Rock Financial to obtain from third parties information Lessor deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes River Rock Financial, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit of the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

SIGNATURE _____

DATE _____

SUBMIT TO: 866-314-7978