



**TRIO
CAPITAL,
LLC**

**TRIO CAPITAL LLC
FINANCING APPLICATION**

**Toll Free 877-848-4672
Fax 248-474-5542**

Legal Company Name				E-mail address	
Address		City	County	State	Zip
Contact Person		Title	Phone No.	Fax No.	
Business Structure		No. Of Yrs. In Business	Equipment Description		
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C.			Taxpayer I. D.		
			Type of Business		
Equipment Cost	Lease Term	Pmt. Amount	Payment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Signing Officer:		% own	Additional Officer:		% own
Title:		Title:			
Social Security #:		Social Security #:			
Home Address:		Home Address:			
City, State, Zip:		City, State, Zip:			
Home Phone:		Home Phone:			
<p>The undersigned individual(s) recognizing that his or her credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above-named business credit provider and any assignees, lender of funding service that may be utilized to obtain and use a consumer report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.</p>					
<p>_____ Signing Officer Signature</p>			<p>_____ Signing Officer Signature</p>		
Present Bank		Checking Account #:	Loan Account #:		
Phone Number:					
LOANS/LEASES/TRADE REFERENCES: NAMES AND ADDRESS			PHONE	CONTACT	
Insurance Co. & Phone #:					
<p>I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO TRIO CAPITAL LLC OR ITS ASSIGNEES</p> <p>AUTHORIZED SIGNER & TITLE</p>					