



John A. Lambert
 Owner, Business Finance Consultant
 johnal@capinfusion.com

• 15334 Hillsboro Road, Purcellville, VA 20132 •
 • Direct: (540) 668-6002 • Mobile: (303) 919-5112 • Fax: (540) 301-6600 •

COMMERCIAL FINANCING APPLICATION

BUSINESS NAME/LESSEE			TELEPHONE NO.
STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF BUSINESS (check one): Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>		AGE OF BUSINESS	FED. TAX NO.

PRINCIPAL'S NAME	TITLE	% OWNER	HOME PHONE	SOC. SEC. NO.
HOME STREET ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
PRINCIPAL'S NAME	TITLE	% OWNER	HOME PHONE	SOC. SEC. NO.
HOME STREET ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT

Please attach a separate sheet for any additional principals

BANK	BRANCH	FAX	TELEPHONE
ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	CURRENT BALANCE	
BANK	BRANCH	FAX	TELEPHONE
ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	CURRENT BALANCE	

Loan/Trade References			
COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

Financing Request: please detail the funding your business is seeking in the space below

DECLARATION: The below undersigned certifies that the information supplied on the credit application and/or credit information sheet is true and correct. Furthermore, by signing below the undersigned individual(s), as principal(s) of and guarantor(s) for the applicant, authorizes Capital Infusion Partners, LLC and/or its designee to obtain and review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the updated, renewal or extensions of credit to the applicant. The undersigned also authorize all parties contacted to release credit and financial information requested as part of the credit investigation. A fax or photocopy of this authorization shall be valid as the original.

Applicant 1: _____ Signature: _____ Date: _____

Applicant 2: _____ Signature: _____ Date: _____