

**L7 CAPITAL**

www.L7pm.com

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**CREDIT APPLICATION***“The Equipment Funding Experts...Leasing Simplified”***Email or fax application toll free to: mgolden@L7pm.com or 866 346-9636***Types of equipment/projects considered: Solar, energy efficiency, EV, restaurant, hotel, dental, medical, video/AV, software, office imaging, franchise, survey, security, fitness, manufacturing, aviation, signage, furniture, car wash, transportation, other*

Business Name:

Business Phone:

City/State:

Zip:

Business Structure:

Equipment Location (if different than above):

Principal:	Title:	% Owned:
		Soc.Sec.No:
Address:	Telephone No:	
	Date of Birth:	
	Email address:	
Principal:	Title:	% Owned:
		Soc.Sec.No:
Address:	Telephone No:	
	Date of Birth:	
	Email address:	

**Credit References**

Bank:	Contact:	Phone#:	Fax#:
Bank:	Contact:	Phone#:	Fax#:
Trade:	Contact:	Phone#:	Fax#:
Trade:	Contact:	Phone#:	Fax#:
Customer References:	Phone:	Contact:	

**Equipment and Vendor Information**

Vendor:	Telephone:	Fax:
Address:	City:	State:
		Zip:

Net Cost:  Equipment: 

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes L7 Capital and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit 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.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth (for individuals), and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents. A photocopy or fax of this authorization shall be valid as the original.

Applicant's Signature: ✓ \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: ✓ \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_