

# CREDIT APPLICATION



**Landmark Financial Corporation**  
5600 Greenwood Plaza Blvd., Suite 350  
Greenwood Village, CO 80111  
**Contact: Tom Brems**  
**Direct: (720) 214-6842**  
**Phone: (720) 214-1500 / (800) 430-9713**  
**Fax: (303) 770-1076 / (877) 770-1076**

**APPLICANT INFORMATION:**

COMPANY LEGAL NAME & D.B.A. (if applicable)				FEDERAL ID#		STATE TAX ID#	
PHYSICAL ADDRESS				EQUIPMENT LOCATION			
CITY	COUNTY	STATE	ZIP	CITY	COUNTY	STATE	ZIP
MAILING ADDRESS				PHONE#		FAX#	
CITY	STATE	ZIP		CELL#	OTHER#		
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT				TYPE OF BUSINESS		IN BUSINESS SINCE	
CONTACT PERSON NAME			E-MAIL ADDRESS			WEBSITE	
<i>Has any applicant or guarantor ever filed for bankruptcy? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No   If <b>yes</b> to any question</i> <i>Has any applicant or guarantor ever had any suits, liens or judgments filed against them? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No   attach explanation.</i>							

**EQUIPMENT SUPPLIER:** *Please attach invoice or purchase order.*

VENDOR	CONTACT	TELEPHONE NO.	PRICE

**REQUESTED STRUCTURE:**

LEASE OR FINANCE	END OF LEASE OPTION	TERM	CASH DOWN	TOTAL TO FINANCE/LEASE
<input type="checkbox"/> LEASE <input type="checkbox"/> EFA (EQUIP. FINANCE)	<input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV <input type="checkbox"/> OTHER	# /MONTHS	\$	\$

**BANK REFERENCES:**

BANK NAME	TELEPHONE NO.	OFFICER NAME	CHECKING ACCOUNT NO.	LOAN ACCOUNT NO.

**SECURED LENDER REFERENCE:**

LENDOR/LESSOR NAME	TELEPHONE NO.	ACCOUNT NO.

**TRADE REFERENCES:**

SUPPLIER NAME	CONTACT - TELEPHONE NO.
(1)	
(2)	

**WORK REFERENCES:** *(Construction or Hauling Customers)*

COMPANY NAME	CONTACT - TELEPHONE NO.
(1)	
(2)	

**OWNER / PARTNER INFORMATION:** *(additional owners please complete additional sheet and include with application)*

NAME	TITLE
HOME STREET ADDRESS	CITY    STATE    ZIP
HOME PHONE	SOCIAL SECURITY #

NAME	TITLE
HOME STREET ADDRESS	CITY    STATE    ZIP
HOME PHONE	SOCIAL SECURITY #

**AUTHORIZATION STATEMENT:**

Company authorizes Landmark Financial Corporation ("LFC") or its designee to undertake a thorough credit investigation (including credit reporting agencies) for the purpose of financing and/or leasing the above described equipment. Company hereby gives all of their creditors' permission to provide LFC the information LFC deems necessary and appropriate to complete its credit evaluation process.

AUTHORIZED SIGNOR SIGNATURE	PRINTED NAME	TITLE	DATE