

CREDIT APPLICATION



Landmark Financial Corporation
5600 Greenwood Plaza Blvd., Suite 350
Greenwood Village, CO 80111
Contact: Ryan Sutherland
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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		TYPE OF BUSINESS/ INDUSTRY	
<input type="checkbox"/> LLC		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> NON-PROFIT			
CONTACT PERSON NAME			E-MAIL ADDRESS			WEBSITE	

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"/> \$1.00 <input type="checkbox"/> 10%	# months		
<input type="checkbox"/> EFA (LOAN)	<input type="checkbox"/> FMV <input type="checkbox"/> OTHER			

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 #	% OF OWNERSHIP	

****Please include your last 3 month's bank statements with this application (summary pages only)**

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