



EXCELCAPITAL

Equipment Financing Application



BUSINESS

Exact Legal Business Name _____ Phone Number _____ Fax Number _____

Billing Address _____ City _____ State _____ Zip Code _____

Equipment Address (if different than billing) _____ City _____ State _____ Zip Code _____

Type of Business _____ Federal ID#: _____ County _____

Business Age (in years) _____ Years Owned by Current Owner _____ Annual Sales _____ Number of Employees _____

Primary Contact Name _____ Phone _____ Ext. _____ Fax _____

Title _____ Cell _____ Email _____ Website _____ Business Structure:

Proprietorship Corporation LLC Partnership Other _____

OWNERSHIP

Principal's Name _____ Title _____ SSN _____ Phone _____

Home Address _____ City _____ State _____ Zip Code _____ % Ownership _____

Principal's Name _____ Title _____ SSN _____ Phone _____

Home Address _____ City _____ State _____ Zip Code _____ % Ownership _____

Bank _____ City _____ State _____ Contact Name _____ Phone _____

EQUIPMENT

Equipment Description _____

Term 24 months 36 months 48 months 60 months

Equipment Cost _____

Vendor _____

City _____ State _____

Contact _____

Phone _____ Ext. _____

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [Excel Capital Management] ("ECM") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize ECM to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to ECM and to each of the Recipients, on its own behalf.

Signature/Title: _____ Date _____

Signature/Title: _____ Date _____

Fax or Email Application to: F : 877-884-1106 or Info@excelcapmanagement.com

Excel Capital Management, Inc 108 Greenwich St, 5th floor, New York, NY 10006 T: 877-880-8086