



**Commercial
Equipment Capital**

Credit Application

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B U S I N E S S	BUSINESS NAME / LESSEE		TRADE NAME (DBA)		CONTACT		
	PHYSICAL ADDRESS (NO PO BOXES)			CITY	STATE	COUNTY	ZIP CODE
	TYPE OF BUSINESS			BUSINESS PHONE NO.	FAX NO.	CELL PHONE NO.	
	LOCATION OF EQUIPMENT (IF DIFFERENT FROM ABOVE)			CITY	STATE	COUNTY	ZIP CODE
	OWNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC					E-MAIL ADDRESS	
	NO. OF EMPLOYEES	STATE OF INCORPORATION	DATE BUSINESS STARTED	FED. TAX ID	WEBSITE		

O W N E R S H I P	PRINCIPAL'S NAME		TITLE		% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.	
	HOME ADDRESS (NO PO BOXES)			CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?				PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PRINCIPAL'S NAME		TITLE		% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.	
	HOME ADDRESS (NO PO BOXES)			CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?				PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PRINCIPAL'S NAME		TITLE		% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.	
	HOME ADDRESS (NO PO BOXES)			CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?				PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

O T H E R B U S I N E S S	OTHER BUSINESS OWNED (IF APPLICABLE)		STATE OF INCORPORATION		DATE BUSINESS STARTED		FED TAX ID
	PHYSICAL ADDRESS (NO PO BOXES)			CITY	STATE	ZIP CODE	CORPORATE GUARANTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO

B A N K	NAME OF PRIMARY BANK		CONTACT		TELEPHONE		FAX
	ACCOUNT UNDER NAME OF			CHECKING ACCT NO.		SAVINGS ACCT NO.	

A S S E T I N F O	SELLING DEALER / VENDOR			SALESPERSON			E-MAIL			
	DEALER / VENDOR ADDRESS				CITY	STATE	ZIP CODE	PHONE		
	NEW / USED	EQUIPMENT TO BE FINANCED (Include Year, Manufacturer, Model, Description)								
	COST OF EQUIPMENT \$			TERM Months <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> Other			PURCHASE OPTION <input type="checkbox"/> Finance <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% Buyout <input type="checkbox"/> FMV <input type="checkbox"/> Other			
COMMENTS:										

I/We hereby authorize the release of any and all credit information to BB&T Commercial Equipment Capital Corp. and its assigns or agents from the above listed references, and certify that all is true and correct to the best of my knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit application, hereby consents to and authorizes the above named business credit provider 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 the Fair Credit Reporting Act in the absence of this continuing consent.

X _____ SIGNATURE	X _____ SIGNATURE	X _____ SIGNATURE
_____	_____	_____
TITLE	DATE	TITLE
_____	_____	_____
TITLE	DATE	TITLE
_____	_____	_____
TITLE	DATE	TITLE