



FINANCE APPLICATION

APPLICANT DETAILS			
Legal Name of Business and DBA:			Tax ID#:
Address:			Phone:
City:	State:	Zip:	Fax: Date Est:
Owner 1 Name:			Position: Ownership %:
Home Phone:		Cell Phone:	Email:
Address:			SSN #:
City:	State:	Zip:	Birth Date:
Owner 2 Name:			Position: Ownership %:
Home Phone:		Cell Phone:	Email:
Address:			SSN #:
City:	State:	Zip:	Birth Date:
TRANSACTION SUMMARY:			
Finance Amount:	Equipment Purchase	Working Capital	Other
Please describe the use of funds and how this financing will result in added benefit to your business. For working capital requests, please be as detailed as possible.			
Please list any available collateral (Please also provide further details in a Facilities List, Personal Financial Statement, or Real Estate Schedule).			
BANK INFORMATION:			
Banker Name:		Banker Phone:	Banker Email:
EQUIPMENT/VEHICLE VENDOR INFO:			
Equipment/Vehicle to be financed:			Price:
Equipment/Vehicle to be financed:			Price:
Vendor/Seller:	Contact:	Phone:	
Address:		City:	
Website:	State:	Zip:	

By my/our signature on this Application, either as a principal of the applicant or a personal guarantor of applicant's obligations, I/we hereby declare under the penalty of perjury that all information contained in this Application and all financial information I/we provide is true, correct and complete as of the date it is being submitted to Ascension Funding Group or its designee. I/We understand that Creditor is relying upon this document and upon the information contained in it for the purpose of extending, modifying or renewing credit. I agree to inform Creditor immediately of any change or deterioration in the information or values stated herein. I/we authorize Ascension Funding Group, or its designee (and any assignee or potential assignee thereof), to verify any of the information from whatever source it deems appropriate, which authorization shall extend to obtaining and review of my/our personal credit profile from a national credit bureau in considering this Application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. If this Application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, contact Ascension Funding Group within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); or because all or a part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580. A Copy or Facsimile of this Agreement with Signature shall be Considered to be an Original.

Signature

Date