

Albert Lowe Direct: 720-465-6685 Fax: 303-558-6665

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COMPANY INFORMATION								
Corporate Name				DBA Name (if different)				
Billing Address				Equipment Address (if different)				
City	State	Zip		City			State	Zip
Contact Person	tact Person Business			ne Fed Tax			ĪD#	
Nature of Business	Website	Addre	ess		Business Start Date			
OWNERSHIP INFORMATION								
Name #1			е		Social Securit	y Number		% Ownership
Street Address					Email Address			
City	Stat	te	Zip		Birthdate		Phone #	
Name #2			e		Social Security Number			% Ownership
Street Address					Email Address			
City	Stat	te	Zip		Birthdate		Phone #	
EQUIPMENT INFORMATION								
Amount Requested	Equipment Description – Attach Quote							
Vendor Name				Contact Name F		P	Phone	
Credit Authorization: I/We hereby authorize Archer Business Capital, LLC., its designee, assigns or potential assigns to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.								
Signature(s) of all owners, officers and/or guarantors							Date	
X Signature(s) of all owners, officers and/or guarantors							Data	
orginature(s) or all owners, officers and/or guarantors							Date	