

FINANCING APPLICATION

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Company Name:	
Contact/Title:	
Address:	
City/State/Zip:	
Business Phone #:	Fax #:
Federal Tax ID:	Prior Year Gross Revenue:
Company Type/Industry:	4,000 (1,010)
Time in Business:	# Of Employees:
Time in Business Under Current Ownership:	
Business Type:	
☐ Partnership ☐ S-Corp. ☐ LLC ☐ Corporation	☐ Sole Prop ☐ Municipal ☐ Non Profit
Where Will Equipment be Located?:	
	Contact/Title: Address: City/State/Zip: Business Phone #: Federal Tax ID: Company Type/Industry: Time in Business: Time in Business Under Current Ownership: Business Type: Partnership S-Corp. LLC Corporation Where Will Equipment be Located?:

GET STARTED

If your last name starts with A-K, contact Nick Abel

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F: (317) 808-0841

E: nabel@woodmizer.com

If your last name starts with L - Z, contact Betty Trusty

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AUTHORIZATIONS: Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). The Company/Merchant and Owner(s)/Principal(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) All information and documents provided to Wood-Mizer, LLC (WM) including credit represors statements are true, accurate and complete, (2) Applicant will immediately notify Wood-Mizer, LLC (WM) of any change in such information or financial condition, (3) Applicant authorizes Wood-Mizer, LLC (WM) to disclose all information and documents that Wood-Mizer, LLC (WM) may obtain including credit reports to other persons or entitities (collectively, "Rissignees") that may be involved with or acquire commercial loans and/or Merchant Cash Advance transactions or other working capital products, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents, and share such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Wood-Mizer, LLC (WM), Assignees, and each of their representatives, successors, and assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, attenuents of rindication of information and (7) each Owner/Principal represents that he or she is authorized to, and does, sign this form on behalf of Merchant/Company (i.e., as well as in such Owner/Principal represents that he or she is authorized to, and does, sign this form on behalf of Merchant/Company (i.e., as well as in such Owner/P