



10024 Office Center Ave. Ste. 150
 St. Louis, MO 63128
 877-CPI-6688
 Fax: 314-849-4387
 Danny Schnoeker
 Executive Vice President

Business Finance Application

Business Information

Legal Company Name _____ Type of Business _____

Address _____ City _____ State _____ Zip _____

Equipment Location (if different) _____ Years in Business _____ Federal ID # _____

Phone _____ Fax _____ Business Structure: Corp. Partnership Proprietor LLC

Dealer Name _____ Months _____ If lease, please specify buyout: **\$1.00** or **10%** (Circle One)

Equipment _____ Cost \$ _____ New Used

Mobile# _____ Email/Website _____

Principal Information *(Please include all principals. Attach additional information on separate page and sign below.)*

Name _____ Title _____ % Owned _____ Phone # _____

Home Address _____ Social Security # _____ - _____ - _____

Name _____ Title _____ % Owned _____ Phone # _____

Home Address _____ Social Security # _____ - _____ - _____

Bank Reference Including Depository Accts, Commercial Loans & Lines of Credit

Bank Name 1 _____ Branch Location _____ Officer _____

Phone # _____ Account # _____ Type of Account _____

Bank Name 2 _____ Branch Location _____ Officer _____

Phone # _____ Account # _____ Type of Account _____

Trade References

Company Name _____ Phone _____

Company Name _____ Phone _____

Insurance Name _____ Phone # _____ Contact _____

Landlord _____ Phone # _____ Contact _____

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of it obligations, provides written instruction to Compact Power Finance or it designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I understand that by providing our company's phone/fax numbers, I consent to receive all phone/fax communications sent by or on behalf of Compact Power Finance. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

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Fax completed application to 314-849-4387. Please call **Danny Schnoeker @ 877-CPI-6688** with any questions.