



CREDIT APPLICATION

Please Fax Completed Application To: 888-888-3695

With Questions Call: 800-263-9499

Commercial Capital

BUSINESS INFORMATION

Full Legal Name (Include DBA If Applicable)

Tax Identification #

Lease Term:

Billing Street Address

"S" Corporation
 Corporation
 Partnership
 Proprietorship
 LLC
 LLP

___ 12 Mo. Lease

City County State Zip

___ 24 Mo. Lease

Equipment Location (if different from above) (Street Address/City/County/State/Zip)

___ 36 Mo. Lease

Contact Name and Title Phone # w/Area Fax # w/Area Code

___ 48 Mo. Lease

Superintendent's Name Super's Cell # Contact Email

___ 60 Mo. Lease

Business Description Years in Operation Years Under Current Owner Date & State of Incorporation

End of Lease Options:
 FMV
 Fixed %
 Fixed \$

of Holes at Facility # of Annual 18 Hole Rounds Equipment is ___ Replacement ___ Addition to Inventory

(2 Years of financial statements required if greater than \$100,000)

___ Public ___ Private If Yes, # of Members ___ Member Owned ___ Equity Membership ___ Semi-Private ___ Other ___ Investor Owned ___ Other

PRINCIPALS/PARTNERS

Name (Principal/Partner/Officer) % Ownership PG ___Y___N Social Security # - - Home Street Address (Principal/Partner/Officer) City/ State/Zip Phone w/Area Code

(Please indicate (Y/N) if personal guarantees (PG) will be provided.)

Name (Principal/Partner/Officer) % Ownership PG ___Y___N Social Security # - - Home Street Address (Principal/Partner/Officer) City/ State/Zip Phone w/Area Code

EQUIPMENT INFORMATION

Total Estimated Transaction Size: \$ # of Advance Payments: Total Estimated Lease Payment: \$ Equipment Description (Attach Proposal or Quotation)

PROGRAM INFORMATION

Program Description Supplier name Contact Name(s) Phone # () -

BANK REFERENCE

Business Bank Reference Name Checking/Loan Account # Phone # () - Address (City, State) Account/Loan Officer

TRADE REFERENCES

Trade References (Name/City/State/Telephone #) Phone # 1. 2.

SEND DOCUMENTS TO

Attention: Phone #: Address (City, State, Zip)

BUSINESS PURPOSE

The applicant (Lessee) certifies to National City Commercial Capital, LLC and/or it's designees, that it is applying for credit for business purposes, and not for personal, family or home use.

CREDIT INFORMATION RELEASE

I hereby authorize any bank, financial institution or trade reference listed above to release appropriate credit information on the above account(s) to National City Golf Finance and/or it's designees.

X

Signature

Date

