

## **CREDIT APPLICATION**

### **1) Company Information**

Legal Name of Business	S:	Bus. Tax I.D. #			
DBA Name of Business:		Type of buss:	Corp	LLC	Sole Prop
Name & Title of Office	er signing Documents:				
E Mail:	Phone #	D&B#:			
Address of Business:					
	Street	City		State	Zip
Years in Business:	Description of Buss.				

# 2) Banking / Reference

Bank Name:			
Account #:	Type of Account:	Average Balance:	
Lease Company:		Date Commenced:	
Amount Financed:	Term:	Vendor:	
3) Equipment Informa	ntion		
Kingdom Technology Partners L	LC Pho	ne # 844-587-4636	
Equipment Description/ model: _		Cost of Equipment: \$	
Requested Term: 24 Mo	36 Mo48 Mo 60 Mo		

### E-mail the completed application to: Sales@kingdomtechpartners.com

### For additional questions please contact a KTP associate at 844-587-4636

By submitting this credit application, you authorize First Option Capital, or it's assigns to obtain business and additional information about your organization, including bank statements and financial reports. You also authorize First Option Capital to transmit this application along with any of the foregoing information obtained in connection with this application, to any of the recipients for the foregoing purposes.

No signature required.