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COMPANY INFORMATION

FINANCE APPLICATION

BUSINESS LEGAL NAME (DBA IF APPLICABLE)		TELEPHONE NUMBER	CONTACT EMAIL	
ADDRESS	CITY	COUNTY	STATE	ZIP
YEARS IN BUSINESS	TYPE OF BUSINESS		SOLE PROP / PARTNERSHIP / CORP	
FED TAX ID	COMPANY BANK NAME		ACCOUNT NUMBER	

OWNER / PRINCIPAL INFORMATION (ON OFFICERS, PARTNERS OR GUARANTORS)

NAME / TITLE	OWNERSHIP %	SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY / STATE / ZIP	HOME PHONE NUMBER
NAME / TITLE	OWNERSHIP %	SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY / STATE / ZIP	HOME PHONE NUMBER

SELLER INFORMATION (VENDOR OR PRIVATE PARTY)

COMPANY NAME	ADDRESS	CITY / STATE / ZIP
CONTACT	PHONE NUMBER	FAX NUMBER

EQUIPMENT DESCRIPTION	EQUIPMENT COST	BUDGETED MONTHLY PAYMENTS
Applicant warrants that all the information provided to the Lessor is true and correct and this application will be used solely for commercial or business purposes. Applicant authorizes JM Funding Group, Inc. and/or its assignees, including all banking institutions and credit reporting agencies, to investigate applicant's credit worthiness or obtain information, including credit reports, as may be needed. The undersigned also authorizes JM Funding Group, Inc. the right to update the creditworthiness of the customer at any time throughout the term of the financing or while a balance is remaining on the loan.		

APPLICANT NAME	TITLE
X	
APPLICANT SIGNATURE (REQUIRED)	DATE

APPLICANT NAME	TITLE
X	
APPLICANT SIGNATURE (REQUIRED)	DATE

SIGN AND FAX BACK APPLICATION TO CORPORATE AT (888) 644-4269 FOR IMMEDIATE PROCESSING