



# Equipment Finance Application

Company Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Address of Equipment location: \_\_\_\_\_

Company Website: \_\_\_\_\_ Tax Exempt  Yes  No Fed ID #: \_\_\_\_\_

Check One:  Corp.  LLC  Partnership  Sole Prop. State of Incorp: \_\_\_\_\_

**Bank: *Include copy of first page of Company's most recent 3 months bank statements***

Vendor Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Equipment Cost: \_\_\_\_\_

Equipment Description (attach sales order if available): \_\_\_\_\_

**Please complete the following information, and signature, of each officer:**

1) Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ % Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ % Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ % Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby certify that the information contained in the lease application is true and accurate and I hereby authorize our banks, trade references and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing statements showing the Secured Party's interest in the equipment and grant the Secured Party's right to execute lessee's/debtors name thereto. A photocopy of this authorization shall be as valid as the original.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out the information and submit to:**

SCM Equipment Finance  
2475 Satellite Blvd  
Duluth, GA 30096

Phone: 800.292.1837  
Fax: 770.813.8263  
[financing@scmgroup.com](mailto:financing@scmgroup.com)

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