

BUSINESS INFORMATION

BUSINESS NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EQUIPMENT ADDRESS (if not the same) _____

PHONE _____ FAX _____ YEARS IN BUSINESS _____

BUSINESS ENTITY: CORP _____ PROPRIETOR _____ PARTNERSHIP _____

TYPE OF BUSINESS _____ FED ID# _____

VENDOR INFORMATION AND EQUIPMENT

VENDOR NAME _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EQUIPMENT DESCRIPTION _____

EQUIPMENT AMOUNT: \$ _____ TERM (# of months) _____


PRINCIPAL INFORMATION

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY / STATE / ZIP _____	CITY / STATE / ZIP _____
PHONE _____	PHONE _____
SOCIAL SECURITY # _____	SOCIAL SECURITY # _____
PERCENTAGE OWNERSHIP _____	PERCENTAGE OWNERSHIP _____
DATE OF BIRTH _____	DATE OF BIRTH _____
TITLE _____	TITLE _____

By submitting this application you are stating that you are either the principle of the credit applicant, or a personal guarantor, of its obligation, and are authorizing Preferred Capital Funding INC (and or any assignees or potential assignees thereof) to review his/her credit profile from a national credit bureau, and authorizes all requested bank and trade information to be released via telephone or fax. The above certifies that all information given for credit purposes is true and correct and authorizes the firm or person to whom this application is made and any credit bureau or other investigative agency investigate the reference stated or other dates listed accompanying this application. All information shall remain the property of the lender/leasing company whether or not financing is approved.

Applicant Signature _____ DATE _____

Applicant Signature _____ DATE _____

 <p>Preferred Capital Funding</p>	<p>64 Chamisa Road Covington, Ga. 30016</p>	<p>770-787-9600 Office 404-418-4481 Fax</p>	<p>apps@4pcf.com www.pcfunding.com</p>
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