## ◇ Perry Funding LLC

## **WORKING CAPITAL CREDIT APPLICATION**

I HAVE SPOKEN WITH (Select One): Jay McDowell, Managing Partner, Colleen Camby, Funding Manager, One of Our Other Funding Partners (Write Name):, or Nobody Yet.								
BUSINESS & PERSONAL INFORMATION								
Legal Name of Business			Tax ID:				☐ Proprietorship ☐ Partnership	
Address 1:			City:				□ Corporation □ LLC	
Address 2: State		State:			ZIP:		Your % of Ownership: %	
Phone: Fax:			Date Established:					
Owner's Name:			Position:					
Home Phone:			Cell Phone:					
Home Address 1:			City:					
Home Address 2:	State:	ZIP:			ZIP:			
Own or Rent Home:	Current on N	: 🗆 Ye	☐ Yes ☐ No			Mortgage Modification: $\square$ Yes $\square$ No		
How Long at Current Address:	Birth Date:		Email:					
Social Security #:			Name of Spouse:					
BANK REFERENCE								
Name of Bank:			Phone:					
Contact:			Account(s) #:					
INSURANCE INFORMATION								
Name of Insurance Agent:			Phone:					
Address 1:			City:					
Address 2:	State:			ZIP:				
olicy #:			Date Policy Expires:					
WORK REFERENCES								
List your two largest customers or the hauling co/brokers you currently work for:								
Name:	Contact:		Phone:					
Name:	Contact:		Phone:					
EQUIPMENT OR TYPE OF FUNDING NEEDED								
☐ Equipment/Vehicles to be Financed:							Price: \$	
☐ Working Capital Needed Amount: \$ Collateral:			:					
☐ Accounts Receivable Financing Amount: \$			☐ Factor Amount: \$					
☐ Sale Leaseback Amount: \$ Collateral:								
Applicant authorizes Perry Funding LLC to carry on a complete credit investigation of applicant and the principals as Perry Funding LLC deems necessary to process this application and to order and review a credit report. Furthermore, by signing below you certify that the statements above and on any attachments are true and complete as of the date given below. It is acknowledged and agreed that this application is for commercial financing only.								
Signature:							Date:	
, ,	939 Manchester Drive ww.perryfunding.net		r	Suite LL Rear			Hagerstown, MD 21742 Fax:	