



Brockman Agency

A Financial Services Broker

Tel: (478) 785-6494 Fax: (844) 270-3632 Email: sales@brockmanagency.com
P.O. Box 2281 Byron, Ga 31008-9998

LEASE – FINANCE APPLICATION (PRINTED FROM WEBSITE)

Date:

Business Information:

Business Name:

Contact:

Fed Tax ID:

Street Address:

City:

ST:

Zip:

Telephone:

Fax:

Email:

Industry Type:

Yrs In Bus:

Date Started:

Sic Code:

Website:

Number Of Owners:

Entity Type:

Sole Proprietorship:

Partnership:

S-Corp:

C-Corp:

LLC

Business References:

Note: We ask for three references, but we need a minimum of one.

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Reference #1

Contact:

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Address:

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City:

State:

Zip Code:

Phone:

--	--

Reference #2

Contact:

--

Address:

--	--	--	--

City:

State:

Zip Code:

Phone:

--	--

Reference #3

Contact:

--

Address:

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City:

State:

Zip Code:

Phone:



Brockman Agency
A Financial Services Broker

Owner Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Owner: (1) Full Name

DOB:

SSN:

Home Address:

Address Line-2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City:

State:

Zip Code:

Home Phone:

% Of Ownership:

Include Copy Of Driver's License:



Brockman Agency
A Financial Services Broker

Owner Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Owner: (2) Full Name

DOB:

SSN:

Home Address:

Address Line-2

City:

State:

Zip Code:

Home Phone:

% Of Ownership:

Include Copy Of Driver's License:



Brockman Agency
A Financial Services Broker

Owner Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Owner: (3) Full Name

DOB:

SSN:

Home Address:

Address Line-2

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City:

State:

Zip Code:

Home Phone:

% Of Ownership:

Include Copy Of Driver's License:



Brockman Agency
A Financial Services Broker

Banking Information:

Bank Name:

Contact:

Telephone:

Fax:

Account Number:

Routing Number:

Account Type:

Email:

Street Address:

Address Line-2

City:

State:

Zip Codes:



Brockman Agency
A Financial Services Broker

Where Do You Plan To Purchase The Equipment?

We'll Contact The Vendor

Dealer – Vendor Information:

Company Name:

Telephone:

Fax:

Email:

Contact:

Street Address:

Address Line-2

City:

State:

Zip Code:



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Lease Information:

**Terms Requested
(Months)**

**Amount Before
Sales Tax:**

Equipment Information:

**Please give a full description of all equipment including
Manufacture, Serial numbers, Model numbers, Year model,
Equipment Type, New or Used. **Include Pictures.****



Tell us about the industry experience of each Owner and how the equipment you're seeking will benefit the overall function and operation of the business. Each owner of the business can type up their industry experience and submit it with the application. This will give our underwriters a better understanding about the management and operation of your business.



Signer Information:

Please Read And Sign Below:

By signing below, the undersigned individual, who is either a principle, a personal guarantor or a sole proprietorship of the credit application, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes the Brockman Agency or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed. A photostat or facsimile copy of this authorization shall be valid as the original.

Signature:

Date:

Print Name:

DOB:

Signer #1:



Signer Information:

Please Read And Sign Below:

By signing below, the undersigned individual, who is either a principle, a personal guarantor or a sole proprietorship of the credit application, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes the Brockman Agency or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed. A photostat or facsimile copy of this authorization shall be valid as the original.

Signature:

Date:

Print Name:

DOB:

Signer #2:



Signer Information:

Please Read And Sign Below:

By signing below, the undersigned individual, who is either a principle, a personal guarantor or a sole proprietorship of the credit application, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes the Brockman Agency or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed. A photostat or facsimile copy of this authorization shall be valid as the original.

Signature:

Date:

Print Name:

DOB:

Signer #3: