

Financing Application



To begin your financing, please complete this form and submit it to AbelCine Finance Services, financing@abelcine.com. Individuals should complete both sections of the form, putting their personal information in the first section. We will contact you upon receipt to discuss your application.

COMPANY INFORMATION

Company Name			DBA					
Address			Phone		Fax			
Address Line 2			Contact Name					
City	State	ZIP	Email Address					
Nature of Business			Business Type					
Federal Tax ID #			Proprietorship	Partnership	C-Corp	S-Corp	Non-Profit	LLC
Location of Equipment			Location of Organization (State)					
Date Established (if company)			Years in Business (if individual)					

OWNERSHIP

Principal #1			Date of Birth			
% Ownership			Title			
Home Address			Social Security #			
City	State	ZIP	Email Address			
Principal Signature						
Principal #2			Date of Birth			
% Ownership			Title			
Home Address			Social Security #			
City	State	ZIP	Email Address			
Principal Signature						

VENDOR

Vendor Name			Contact Name			
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I hereby certify that all information contained in this application, and all attachments hereto, are true and complete to the best of my knowledge and are made for the purpose of obtaining credit. I authorize AbelCine Finance Services, or its assigns, to verify any of the information from whatever source it deems appropriate and I further authorize any references to release credit information. By the signature of the applicant (officer, principal, owner, or partner) I hereby authorize AbelCine Finance Services to run a full investigation of our credit history including, but not limited to, obtaining consumer credit reports.

Signature _____ Title _____ Date _____

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is FTC Regional Office for region in which the creditor operates or Federal Trade Commission, Consumer Response Center, Washington, DC 20580. If we take adverse action you have a right to a statement of specific reasons for the adverse action if you request such statement within 60 days from AbelCine Finance Services at the address and telephone number given on this application. The written statement shall be sent to you within 30 days. Adverse action may include refusal to grant credit in substantially the amount or terms requested, termination or an unfavorable change in the terms of an account and refusal to increase the amount of credit available.