

**Business Lending Made Simple** 

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

## 4 Country Club Circle, Suite 202, Maumelle, AR 72113 ° 877-953-6227 (phone) ° 501-851-1449 (fax)

Transaction Information					
Loan Purpose: Equipment Purchase _	Acquisition _	Remodel	Relocation	Refinance	*Other
Amount Requested: \$	Term:	(months) *Please	e specify for Other:		
Equipment Location:					
Company Name (if est.):	Fed ID #:		:	Years in Business:	
Address:		_ City:	Stat	e:Zip:	
Phone:	Operate As: Pr	oprietorship:	Partnership:	Cor	poration:
Application Information – Office	rs, Partners or (	Guarantors (if the	ere are addl. guaran	tors please include	e as an attachmei
Guarantor #1					
Name:	Social Security Number:				
Home Address:		City:		State:	Zip:
Home Phone:	Cell Phone:		E-mail:		
Current Employer: Guarantor #2		Position:	Hov	w Long: S	alary: \$
Name:		Social Se	curity Number:		
Home Address:		City:		State:	Zip:
Home Phone:	Cell Phone:	E	E-mail:		
Current Employer:		Position:	Hov	w Long: S	alary: \$
Bank Information					
Name of Bank:	Telephone Number:				
Contact:		City & State:			
Supplier Information					
Name of Primary Supplier:			Phone:		
Contact:					
I/We herby authorize JenCas Financia	I Inc and its assign	s, to contact banks	and credit reference	es to gather any	and all informat
they may require for the purpose of cre	edit investigation.	I/We understand the	hat circumstances r	nay exist where a	additional
information will be required. Fax com	pleted application	to 501-851-1449 d	or return via email t	o info@jencas.co	<u>om</u>
Signature:		Date:			