

Survivor Financial Services

SPEED APPLICATION

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ROGER KOPLIN JR. (916) 267-8564

Legal Business Name

				Time In Business
Circle One: Partnership - Corporation - Sole Prop				
Business Address	City	State	Zip	Phone Number

Ownership Information

Owner #1	Social Security Number		
Home Address	City * State * Zip	Cell or Home Number	
Owner #2	Social Security Number		

Home Address	City * State * Zip	Cell or Home Number
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Bank Information *"Or send app with two months bank statement cover pages"*

Bus Bank Name OPTIONAL	Account Number	Phone Number
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General Information

Amount Requested: \$	
DATE:	Equipment Needed
	Term: Years

THE UNDERSIGNED, RECOGNIZING THAT HIS/HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT OF THE APPLIC HEREBY CONSENTS TO AND AUTHORIZES THE ABOVE NAMED CREDIT PROVIDER AND ANY ASSIGNEE, LENDER OR FUNDING SERVICE THAT MAY BE UTILIZED TO OBTAIN A CONSUMER CREDIT REPORT ON THE UNDERSIGNED, NOW AND FROM TIME TO TIME, AS MAY BE NEEDED IN THE CREDIT EVALUATION AND REVIEW PROCESS AND WAIVES ANY RIGHT TO CLAIM THAT THEY WOULD OTHERWISE HAVE UNDER THE FAIR CREDIT REPORTING ACT IN THE ABSENCE OF THIS CONTINUING CONSENT. THE UNDERSIGNED CONSENTS TO AND AUTHORIZES THE ABOVE CREDIT PROVIDER AND/OR ITS ASSIGNS TO OBTAIN INFORMATION FROM ANY SOURCE RELATED TO ITS CREDIT STANDING AND AGREES TO SUPPLY SUCH FINANCIAL STATEMENT(S) AND ANY OTHER INFORMATION VIA FAX OR OTHERWISE AS MAY BE REASONABLY REQUESTED AND WARRANTS THE ACCURACY OF THE INFORMATION IN THIS APPLICATION AND ANY OTHER MATERIAL SUBMITTED BY THE UNDERSIGNED. PLEASE BE ASSURED THAT ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

FEDERAL ID #: _____

OWNER # 1

TITLE

OWNER # 2

TITLE

SURVIVOR FINANCIAL

see us at sfsleasing.com