Auto One Capital

Mike Villani 631-531-0682

Fax: 866-487-1919

Fax: 631-531-0677

Business Information			
Applicant Name:			
Address:City:	State:	Zip:	
Business Telephone Number:Mobile Telephone Number:	Fax Number:		
E-mail:			
Business structure: Corporation LLC Partnership Sole Proprietor In business			
Has the Business (or your, if a sole proprietor) ever declared bankruptcy? 🗌 Yes 🗌 No 🛛 If	yes, when? (date)		
Equipment/Financing Description			
Amount Requested: \$Term Requested (number of months):	leet Size: Repla	acement: Addition:	
Equipment Description:	(Quantity:	•7
Vendor Contact:	Telephone I	Number:	•**
Bank Reference (Installment Debt/Leases)			
Name of Bank: Accounts Open Since:	Bank Of	fficer	
Telephone Number:Checking Account Number:			
Finance References			
Firm Name Contact Name	Telephone Number	Account Open S	Since
Applicant Principal/Guarantor Information Please provide the following information regard Principal 1 Name:			-
Home Address with Zip Code:	Date	e of Birth:	
Telephone Number: Citizenship: 🗌 USA or 🛄 Other	Social Security	y Number:	
Is Principal 1 going to be a Guarantor? [] Yes [] No If yes, has Principal 1 ever declared			
If you intend to apply for joint credit (including as a Guarantor), please initial here and sign	below as a Guarantor. 🗙		
Principal 2 Name:Title:	Percer	nt Owned:	
		e of Birth:	
Telephone Number:Citizenship: 🗌 USA or 🗌 Other			
Is Principal 2 going to be a Guarantor? 🗌 Yes 🗌 No 🛛 If yes, has Principal 2 ever declared	i bankruptcy? 🗌 Yes 🗋 No	If yes, when? (date)	
If you intend to apply for joint credit (including as a Guarantor), please initial here and sign	below as a Guarantor. $ imes$		
The undersigned principal(s) certify that he/she has full authority to act on behalf of the applicant. The applicant (if a sole propretor), principals, and guarantors each certify that all of the information contained in this application and on each document required to be submitted in connection herawith are true and complete. The applicant (if a sole propretor), principals, and guarantors each certify that all of the information contained in this application and on each document required to be submitted in connection herawith are true and complete. The applicant of the applicant certify and each guarantor sheety authorize Sovereign Bank to obtain his/her credit profile from the national credit the applicant aredit. A photocopy or facsimile of this authorization shall be as valid as the original. Further, the applicant and guarantors hereby authorize each bank and finance reference listed in this credit application to release information about the applicants and guarantors to Sovereign Bank. (I your application for business credit is ferined you have the right to a written statement of the specific reasons for the denial by writing to Sovereign Bank, Commercial Equipment and Vehicle Finance Division at 3 Huntington Quadrangle. Suite 101N, Metville, NY 11747-4616, Mail Code: NY1-MLV-01-01, within sixty (50) days from the date you are notified of our decision. Sovereign Bank will send you a written statement of the reasons for the denial within thirty (30) days of receiving your request for the statement.			
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