

ACCESS CAPITAL

FINANCING GROWTH FOR BUSINESS AMERICA

Please complete and **fax** to my attention at **(714) 242-2170**. From there we'll process with underwriting and get back to you with the best finance / lease options for this upcoming purchase. Thanks and feel free to call with any questions; I look forward to working with you soon!

Commercial Finance, EFA, & Lease Options: Immediately

- ⇒ **Term**- 24-60 months, \$1 buyout & EFA purchase options, Class A-tier pricing, low upfront \$ to fund
- ⇒ **Save cash & bank lines**- Preserve bank lines and save cash for a rainy day (or invest in something else)
- ⇒ **Build business credit** – Structure the note through your company, not personal name
- ⇒ **Equipment**- All equipment types are acceptable (Including new & used, **and company vehicles**)
- ⇒ **Tax Write-Offs** – Maximize your write-off while investing in capital that makes \$\$\$ (ask how)

Equipment / vehicle type:

Approx \$ amount:

Date Needed:

Priority Finance Request

Contact Name:		Company Type (circle):		sole prop	partnership	Inc	LLC
Legal Company Name:							
Address:							
Phone:				Fax:			
Cell:				Email:			
Time in Business:		(under current ownership)		CO FEIN#:			
Owner 1:		Title/ %:		SSN #:			
Owner 2:		Title/ %:		SSN #:			
Homeowner: Y / N							
Business Loan Ref:		Phone:		Acct #:			
Business Bank Name:		Phone:		Acct #:			
Equipment Description: (or include quote)				Estimated cost:			
Equipment make / model:				Desired term: 24 36 48 60			

By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original.

Customer Signature X: _____ Date: _____

Finance Qs or trouble faxing?: contact **Hal Sefton**, (714)415-7826 **PHONE** – (714)242-2170 **FAX** / Hal@accesscapitalcorp.com