



10532 Topeka Drive Northridge, CA 91326 | 1-800-249-9189 | www.ritaliafunding.com

FINANCING APPLICATION

Company Name: _____ DBA (if different): _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Federal Tax ID or Social: _____ No. of Employees: _____

Type of Business: _____ Contact Name: _____

Title: _____ Time in Business: _____

Business Structure: Corporation L.L.C. Partnership Sole Proprietorship Other

Dunn & Bradstreet Number #: _____ State of Incorporation: _____

Personal Information * Required on all companies under 3-years in business and all proprietorships, partnerships and LLC's

Principle/Officer #1: _____ Title: _____ SSN: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Principle/Officer #2: _____ Title: _____ SSN: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Trade References

Name (Reference #1): _____ Phone: _____

Name (Reference #2): _____ Phone: _____

Bank References

Name of Bank (1): _____ Phone: _____

Contact Person: _____ Account # _____ Date Opened: _____

Name of Bank (2): _____ Phone: _____

Contact Person: _____ Account # _____ Date Opened: _____

Purchase Details

Amount Requested: \$ _____

Terms Requested: ___ 12 Months ___ 24 Months ___ 36 Months ___ 48 Months ___ 60 Months

End of Lease Options: ___ Fair Market Value ___ \$1 Buy Out

This document should serve as notice to you that I/we are considering an equipment acquisition. This document will serve as your authorization to release any or all credit information regarding my/our account(s) and any or all corporate financial statements on file to any leasing company, bank or financial institution that may be involved in providing credit accommodations for the acquisition of this equipment.

Submitted by: _____ **Title:** _____

I agree the information provided here is accurate and I am allowing access to my financial statements to Ritalia Funding for the purpose of financing.

Signature: _____ **Date:** _____

SIGN AND EMAIL TO sales@caymanwireless.com OR FAX TO (956) 825-0713 FOR IMMEDIATE PROCESSING