



# Financing Application

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## VENDOR INFORMATION

Vendor Name \_\_\_\_\_

Vendor Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

## COMPANY INFORMATION

Company Name \_\_\_\_\_ Time in Business \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signer \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Nature of Business \_\_\_\_\_ Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC

## PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ % of Ownership \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ % of Ownership \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_ Home Phone \_\_\_\_\_

## COMPANY BANK REFERENCES - TWO YEARS

Name of Bank and Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone \_\_\_\_\_ Contact Officer \_\_\_\_\_

Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_ Loan Account Number \_\_\_\_\_

Name of Bank and Branch \_\_\_\_\_ How Long? \_\_\_\_\_ Telephone \_\_\_\_\_ Contact Officer \_\_\_\_\_

Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_ Loan Account Number \_\_\_\_\_

## TRADE REFERENCES - TWO YEARS

Name of Supplier \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Name of Supplier \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Name of Supplier \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

## LANDLORD/INSURANCE

Landlord: \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Insurance: \_\_\_\_\_ Telephone \_\_\_\_\_ Contact \_\_\_\_\_

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

Co-SignatureX \_\_\_\_\_ Date: \_\_\_\_\_