

Customer Information Form



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Applicant Information

Legal Business Name		Phone #	
Trade Name		Fax #	
Billing Address		Years in Business	Number of Locations
City, State, ZIP	Cell Phone #	Email	
Contact Person	Federal ID #	Business Structure (Corp, LLC, Prop, etc)	

Personal Information of Officers/Partners/Owners (include information for all owners)

Name	SSN	Title	Ownership %
Home Street Address with City, State, ZIP			Home Phone #
Name	SSN	Title	Ownership %
Home Street Address with City, State, ZIP			Home Phone #
Name	SSN	Title	Ownership %
Home Street Address with City, State, ZIP			Home Phone #

Vendor Information

Sales Rep
Phone #
Equipment Type and Cost

Equipment Information

Intended Equipment Address (if different than above)					
City, State, ZIP (if different than above)					
Term Requested	12mo	24mo	36mo	48mo	60mo
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Statement

By signing this document you authorize Rainier Funding Services, Inc. or its assigns to obtain a copy of your credit report and to request, verify and review data or information about applicant's officers, partners, owners and guarantors including reports from agencies and information from references. All information provided herein is correct and complete. If business credit is denied, customer has the right to a written statement of the reasons for the denial. To obtain a statement please contact Rainier Funding within 60 days of denial. A fax, photocopy, or email of this authorization shall be valid as the original.

Print Name & Title	Signature (Required - Sign or type full name)	Date
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