

Financing Application

Apply Online:

To apply online, visit: URL **Must Right Click -> Hyperlink for it to be clickable**

Business

| Legal Business Name: | Principal I Name: |
|---|-----------------------|
| Enter the full legal name of your business. | Home Address: |
| Business Phone: | |
| Physical Business Address: No P.O. Boxes | City/State/Zip: |
| City/State/Zip: | Email: |
| | Phone #: |
| Do you own or rent your business location?: Own Rent | Birth Date: |
| Rental Amount: | Social Security #: |
| Landlord Name: | % Ownership: |
| Landlord Phone: | Signature: |
| Business Start Date: | Date: |
| Estimated Annual Gross Sales: | pa el por espera a el |
| Time in Business Under Current Ownership: | Principal II Name: |
| Enter the month and year you started or acquired your business. | Home Address: |
| Number of Employees: | City/State/Zip: |
| Business Industry: | Email: |
| Open MCA/Loan Accounts: | |
| Legal Structure: | Phone #: |
| LLC Corporation S-Corp | Birth Date: |
| Partnership Municipal Sole Prop | Social Security #: |
| Non-Profit | % Ownership: |
| | |
| Federal Tax ID: | Signature: |
| DBA Name: | Date: |

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Apply with Rep:

Please email to Roger.Montplaisir@CIT.com or fax completed application to 866 652 8755

Ownership



Financing Application

Ownership

| Principal III Name: | Principal V Name: |
|---------------------|--------------------|
| Home Address: | Home Address: |
| City/State/Zip: | City/State/Zip: |
| Email: | Email: |
| Phone #: | Phone #: |
| Birth Date: | Birth Date: |
| Social Security #: | Social Security #: |
| % Ownership: | % Ownership: |
| Signature: | Signature: |
| Date: | Date: |

| Principal IV Name: | Principal VI Name: |
|--------------------|--------------------|
| Home Address: | Home Address: |
| City/State/Zip: | City/State/Zip: |
| Email: | Email: |
| Phone #: | Phone #: |
| Birth Date: | Birth Date: |
| Social Security #: | Social Security #: |
| % Ownership: | % Ownership: |
| Signature: | Signature: |
| Date: | Date: |