



Trio Representative: _____

Phone: _____

Email: _____

Equipment Finance Credit Authorization Application

Business Information

Business Legal Name:		Business DBA Name:		
Business Address:		City:	State:	Zip:
Phone:	Cell Phone:	Fax:	Website:	
Email:		Tax ID (TIN) #:	Time in Business:	
Business Entity: <input type="radio"/> Corp <input type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> Partnership <input type="radio"/> Sole Prop				

Owner(s) Principal(s) Information

Name (Primary Owner):			Name (2nd Owner):		
Title:	% of Ownership:		Title:	% of Ownership:	
Email Address:			Email Address:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:	SSN#:		Home Phone:	SSN#:	

Equipment Description / Terms of Sale

Equipment Description and Year:			Equipment Designation: <input type="radio"/> New <input type="radio"/> Used		
Sales Price:	Term:	Monthly Payment:	Down Payment:		

Dealer Information

Dealer / Distributor Name:	Contact:
Email Address:	Phone:

The Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Trio Capital Solutions are true, accurate and complete, (2) Applicant will immediately notify Trio of any change in such information or financial condition, (3) Applicant authorizes Trio to disclose all information and documents that Trio may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features and/or purchase of receivables transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Trio Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving text messages and calls from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such texts or calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider.

Authorized Signature: _____ Date: _____

If 2 Principals, Signature: _____ Date: _____