



**Contact:**  
**Anne Morgan**  
**Tel.: 800-249-9189**  
**Email: Amorgan@ritaliafunding.com**

## Credit Information Release Authorization

To Whom It May Concern:

**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.**

Your cooperation in promptly responding to any such inquires would be greatly appreciated.

**Legal  
Company  
Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Contact:**  
**Anne Morgan**  
**Tel.:800-249-9189**  
**Email:**  
**amorgan@ritaliafunding.com**

**Credit Application**

<b>Company Name:</b>			
<b>DBA (if different):</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Mobile:</b>	
<b>Federal Tax ID or Social Security Number if a DBA:</b>			
<b>Type of Business:</b>		<b>No. of Employees:</b>	
<b>Contact Person:</b>		<b>Title:</b>	<b>Time in Business:</b>

**BUSINESS STRUCTURE**

<b>Are You a:</b>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETORSHIP
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<b>Dunn &amp; Bradstreet Number (Duns):</b>	<b>State of Incorporation:</b>
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**PERSONAL INFORMATION ON PRINCIPALS**

*REQUIRED ON ALL COMPANIES UNDER 3-YEARS IN BUSINESS and ALL PROPRIETORSHIPS, PARTNERSHIPS, AND LIMITED LIABILITY CORPORATIONS (LLC'S)*

Principle or Officer	Title	SSN	Home Address	Zip
1.			Address: City: St.:	
2.			Address: City: St.:	

**TRADE REFERENCES**

<b>Reference #1</b>	<b>Name:</b>	<b>Phone:</b>
	<b>Address:</b>	
<b>Reference #2</b>	<b>Name:</b>	<b>Phone:</b>
	<b>Address:</b>	

**BANK REFERENCES**

<b>Bank #1</b>	<b>Name of Bank:</b>	<b>Phone:</b>
	<b>Contact Person:</b>	
	<b>Account #:</b>	<b>Date Opened:</b>
<b>Bank #2</b>	<b>Name of Bank:</b>	<b>Phone:</b>
	<b>Contact Person:</b>	
	<b>Account #:</b>	<b>Date Opened:</b>

**FINANCED OR LEASED EQUIPMENT (LENDER)**

<b>Lender:</b>	<b>Acct#:</b>	<b>Ph. #:</b>	<b>Contact Name:</b>
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**DETAILS:**

<b>Equipment Cost:</b>	<b>Term Requested Please Check:</b>	<b>Buy Out Options:</b>
	<input type="checkbox"/> 24 month <input type="checkbox"/> 36 Month <input type="checkbox"/> 48 Month <input type="checkbox"/> 60 Month	FMV <input type="checkbox"/> \$1.00 <input type="checkbox"/>