



PO Box 218  
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## EQUIPMENT FINANCING APPLICATION

### COMPANY INFORMATION

Prepared by: *Greg Weis*

Business Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite or Floor #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Equipment Address (Shop or Plant): \_\_\_\_\_

(Check One): Sole Proprietorship  Partnership  Corporation  LLC  Years in Business: \_\_\_\_\_

Main Product / Service: \_\_\_\_\_ Years Under Present Ownership: \_\_\_\_\_

### PRINCIPALS: Owners

Name & Title	% of Ownership	Home Address & Zip	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIPTION OF EQUIPMENT: \_\_\_\_\_

Equipment Dealer Name: Samuel Kent Baker Inc. Phone: 866-305-7350

Equipment Cost: \$ \_\_\_\_\_ Terms Requested (Mos): \_\_\_\_\_ New  Used

### BANK INFORMATION: Current Business Checking Information (2 years or more history preferred)

(A) \_\_\_\_\_ (B) \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Account#: \_\_\_\_\_ Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Circle Acct Types: Business Personal / Checking Savings Circle Acct Types: Business Personal / Checking Savings

### TRADE REFERENCES: Please provide information about your suppliers, landlord, loans or leases.

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned authorizes the release of any credit information from any source including credit bureau reporting agencies and financial institutions relating to loan, lease, checking, savings, investment and trade accounts to Gem Leasing, a Division of Gem Capital Corporation, and its affiliated funding sources. The undersigned requests that if a faxed form is needed, it be expedited as quickly as possible. The undersigned hereby represents that information set forth herein is correct and complete. A photo static copy or facsimile transmission of this application shall be as valid as the original version.

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_