

Hampton Pacific Funding *a division of* Hampton Ridge Financial 348 W. Main St. Suite #203 Marshall, MN 56258 Phone: 866-815-4448 Fax: 866-803-1906





COMPANY INFORMATION							
Legal Name					No. of	f Years in Existence~	
Address			City		State	Zip	
E-Mail Address			Telephone		Feder	Federal Tax ID Number	
Business Description			Type of Business   Proprietorship General Partners   Corporation (State) Limited Partners				
OWNER INFORMATION							
Name (Guarantor #1)			Title			Social Security Number	
Home Address	City		State	Zip	□ Own □ Rent	Home Phone Number	
Name (Guarantor #2)			Title			Social Security Number	
Home Address	City		State	Zip	□ Own □ Rent	Home Phone Number	
<b>BANK REFERENCES TW</b>	<b>OYEAR HISTORY</b>						
Name of Bank / Branch	How Long?	Chkg Acct. #		Telephone		Contact Officer	
Name of Bank / Branch	How Long?	Chkg Acct. #		Telephone		Contact Officer	
LEASE / LOAN REFERENC	ES SIX MONTH P	AY HISTORY (for	purchases ov	er \$50,000)			
Name		Original Amount		Loan Acct. #		Telephone	
EQUIPMENT DESCRIPTION & ESTIMATED C	OST			Date of Purchase:		Cost:	
Equipment Description:				Equipment Use:			

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. Hampton Pacific Funding is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Hampton Pacific Funding or its designee authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. I/we confirm that no petition for bankruptcy has been filed under the company or on an individual basis

Guarantor #1	Signature:	Title:	Date:
Print Name Here			
Guarantor #2	Signature:	Title:	Date: