



Please complete this application and fax it back to  
Rick Wehner at Brewery Finance: 866-323-7805

ph – 303.693-6400  
fx – 866.323.7805

**CUSTOMER INFORMATION:**

COMPLETE LEGAL NAME OF BUSINESS:		DATE BUSINESS STARTED:		<input type="checkbox"/> SOLE PROP <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> S-CORP. <input type="checkbox"/> C-CORP. <input type="checkbox"/> PARTNERSHIP	
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	COUNTY
PHYSICAL ADDRESS OF EQUIPMENT (if different than above)		CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	FAX NUMBER	CONTACT PERSON		FEDERAL TAX ID#	
E-MAIL ADDRESS	TYPE OF BUSINESS	HAS THE BUSINESS OR ANY PRINCIPAL/ OWNER EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, WHAT YEAR? _____			

**VENDOR / EQUIPMENT INFORMATION:**

VENDOR NAME	ADDRESS	CONTACT
PHONE / FAX	TYPE OF EQUIPMENT	APPROXIMATE COST \$
LEASE / FINANCE TERM IN MONTHS <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other	RESIDUAL (Check One) <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV	AGE OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED
		MODEL YEAR (if used)

**OWNER / STOCKHOLDER INFORMATION:**

PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY #	DATE OF BIRTH
HOME ADDRESS	CITY	STATE    ZIP	HOME PHONE
PRINCIPAL'S NAME AND TITLE	% OWNED	SOCIAL SECURITY #	DATE OF BIRTH
HOME ADDRESS	CITY	STATE    ZIP	HOME PHONE

**BANK REFERENCE:**

BANK NAME	ACCOUNT NO.	CONTACT	PHONE
BANK NAME	ACCOUNT NO.	CONTACT	PHONE

**LEASE / LOAN REFERENCE:**

CREDITOR	ACCOUNT NO.	CONTACT	PHONE
CREDITOR	ACCOUNT NO.	CONTACT	PHONE

**TRADE SUPPLIER REFERENCE:**

COMPANY NAME	ACCOUNT NO.	CONTACT	PHONE
COMPANY NAME	ACCOUNT NO.	CONTACT	PHONE

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. 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. The undersigned also hereby authorizes our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I/we hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute lessee's/debtors name thereto. 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 this application.

**Applicant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_