

BUSINESS APPLICATION



REDINGTON CAPITAL

Step 1: Complete Application & Invoice for Equipment
Step 2: Download your last 3 Months Bank Statements
Step 3: Scan your Drivers License and a Voided Check
FINAL - Step 4: Return all the above via email or fax for an Approval!

Tel: 800-504-2311 Direct: 305-316-4929 Email: JDREDCAP@GMAIL.COM

Company Information

Legal Name		Business DBA Name	
Address		City, State, Zip	
Phone		Fax	
Website		Email	
Legal Entity	Corp Sole Prop LLC Partnership Other	Federal Tax ID#	
Merchant Type	Retail Restaurant Service Internet	Business Start Date	
Business Location	Store Front Office Home Other	Products/Services Sold	

Owner# 1/Principal Information

Name	
Address	
City, State Zip	
Home Phone	
Mobile	
Email	
% of Ownership	
Date of Birth	
SSN#	

Owner# 2/Principal Information

Name	
Address	
City, State Zip	
Home Phone	
Mobile	
Email	
% of Ownership	
Date of Birth	
SSN#	

Landlord Contact Information

Own/Lease?		Lease Start Date		Lease End Date	
Landlord/Mortgage Company		Landlord/Mortgage Company Contact			
Phone		Monthly Rent/Mtg:		\$	

By signing below, the Merchant and its Owners / Principals: (1) certify that all information and documents submitted in connection with this application is true, correct and complete; (2) authorize **REDINGTON CAPITAL** its agents, partners, and lenders, to receive credit reports and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the application ; (3) to receive an occasional promotion or offer by email or fax.

By _____

By _____

Date _____

Date _____