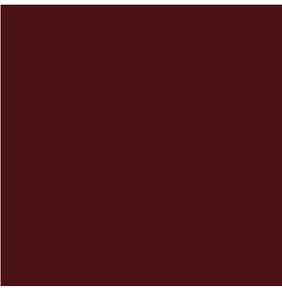


## Equipment Financing Information Package

AGENT/BROKER NAME:

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### WHO WE ARE

Ascension Funding Group is a leading Boutique Finance Company and Private Lender, leveraging over 50 years of experience and a vast network of investors to provide our clients with financing that fits.

### WHAT WE DO

Ascension Funding Group provides business owners, builders, developers and investors a variety of Residential Investment and Commercial Real Estate loans, Working Capital financing and Equipment Financing when our clients need an "outside-the-box" solution or simply can't obtain bank financing. Our loan programs provide clients with an easy submission process and quick fundings. We will work hard to fund your business needs quickly and efficiently.

#### BUSINESS FINANCING

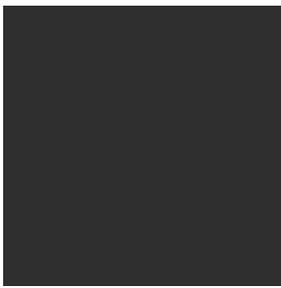
- Equipment Financing
- Working Capital
- Merchant Cash Advances
- SBA Business Loans

#### RESIDENTIAL & COMMERCIAL LOANS

- Purchase, Refinance
- Acquisition / Development
- Ground-up Construction
- Bridge Loans
- Rehab
- Redevelopment

### RELATIONSHIPS

At Ascension Funding Group we strive to build long-term relationships with Investors, Business Owners, Brokers, Attorneys, and other professionals seeking fast and reliable financing for their clients. Our extensive background as entrepreneurs and business owners as well as in real estate can provide a value added support to you, your business, your associates and your client's financing needs. For more information on how we can help you, visit our website at [www.ascensionfunding.com](http://www.ascensionfunding.com).



## SUBMISSION CHECKLIST

Ascension Funding Group has the ability to fund your loan in as little as 4 days. The ability to fund quickly depends greatly on the organization of the borrower. In order to receive the fastest service from Ascension, we ask that you **submit all of the required information** with your submission package. For certain transactions, additional information may be required. **All personal and financial information is required for any principals involved.**

Submit your loan package with the required documentation **to your Ascension Funding Group agent, your broker, or directly to the email address below.**

### Submission

Complete submission with supporting docs emailed to [loans@ascensionfunding.com](mailto:loans@ascensionfunding.com).

### Application

A **fully completed and signed** Application Packet is required for all loans which includes herein:

- Equipment Loan Application
- Equipment List
- Personal Financial Statement

### Invoice

Vendor equipment quote/invoice or Item Listing/Pictures (if Private Party)

### Bank Statements

Most recent 3 months' bank statements

### Credit Report

Full Tri-merge credit report from creditnav.com (use Promo Code TRIAL500)

### Identification

Copy of Valid Driver's License (front and back)

### Requirements For Financing Over \$50,000, Start-ups and All Titled Vehicles

Most recent 2 years' business tax returns  
Most recent 2 years' personal tax returns (**Start-ups Only**)  
YTD P&L and Balance Sheet

# EQUIPMENT FINANCE APPLICATION

Phone: 888.507.7310

Fax: 888.614.5560



<b>LESSEE</b>	Legal Business Name		DBA Name (if applicable)			
	Business Street Address/City/State/Zip Code				Business Real Estate Rent      Own	
	Corporation Proprietorship	Partnership Other	LLC	State of Incorporation	# of Employees	Federal Tax ID #
	Type of Business (Industry)			Years In Business (Current Ownership)		
	Primary Contact		Phone No.	Fax No.	Email Address	

<b>PRINCIPALS (Owners, partners, and principal officers)</b>	Principals Full Name		Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code			Rent   Own	Birth Date (Mo/Day/Yr)
	E-mail Address		Home Phone No.	U.S. Citizen Yes    No	Cell Phone No.
	Name		Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code			Rent   Own	Birth Date (Mo/Day/Yr)
	E-mail Address		Home Phone No.	U.S. Citizen Yes    No	Cell Phone No.

<b>VENDOR</b>	Business Name		Contact	Phone No.
	Business Street Address/City/State/Zip		E-mail Address	Fax No.

<b>EQUIPMENT</b>	Equipment Location Address			Credit Requested \$
Quantity	Make and Model	General Description ( <input type="checkbox"/> check if equipment is used)Year if Used _____		
Quantity	Make and Model	General Description ( <input type="checkbox"/> check if equipment is used)Year if Used _____		

<b>TERMS</b>	Finance Options (check box) <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> Other _____			
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<b>REFERENCES</b>	Business Bank		Account No.		
	Average Bank Balance		How Long?	Contact	Phone No.
	Equipment Lease/Loan Reference # 1	High Credit Amount	How Long?	Contact	Phone No.
	Equipment Lease/Loan Reference # 2	High Credit Amount	How Long?	Contact	Phone No.

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or assigns, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

<b>X</b>	Signature _____	Signer's Printed Name _____	Date _____
<b>X</b>	Signature _____	Signer's Printed Name _____	Date _____







SCHEDULE A			CASH LOCATION AND STATUS OF BANK ACCOUNTS							
CKNG	CD	SVNG	Bank and Branch Where Carried	Balance	Interest Rate Paid to You?	Date CD Matures	Is this Account Pledged for a Loan?	Balance of Loan	Maturity Date of Loan	
<b>Total</b>									<b>Total</b>	

SCHEDULE B		STOCKS AND BONDS (Include Interests In Any Closely Held Business)						
Description	No. Shares	Registered in Name of	Source of Valuation	Date	Price Per Share	Total Value	Purchased on Margin or Pledged	
<b>Total</b>								

SCHEDULE C		LIFE INSURANCE				
Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Loans on Policy	Name of Company	Location of Office
<b>Total</b>						

SCHEDULE D		ACCOUNTS AND NOTES RECEIVABLE				
Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable	Balance Due
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
<b>Total</b>						

SCHEDULE E		REAL ESTATE OWNED			
Parcel No.	Description	Address/Location	Owner(s)	Date Acquired	Cost
1					
2					
3					
4					
5					
6					
7					

<b>SCHEDULE E</b>		<b>REAL ESTATE OWNED (continued)</b>				
Mortgage or Lienholder		Annual Taxes	Monthly Income	Monthly Payments	Present Value	Balance Due
<b>Total</b>						

<b>SCHEDULE F</b>		<b>OTHER ASSETS AND PERSONAL PROPERTY</b>					
Automobiles	Value	Rec. Vehicles and Boats	Value	Personal Property	Value	Totals	
Yr.:    Make:		Yr.:    Make:    Ft.:		Furniture		Subtotal - Autos	
Yr.:    Make:		Yr.:    Make:    Ft.:		Jewelry		Subtotal - R/V's	
Yr.:    Make:		Yr.:    Make:    Ft.:		Equipment		Subtotal - Personal Property	
Yr.:    Make:		Yr.:    Make:    Ft.:		Other:			
		Other:					
Subtotal Autos		Subtotal R/V's		Subtotal Personal Property		Total - All Other Assets	

<b>SCHEDULE G</b>		<b>NOTES AND LOANS PAYABLE TO BANKS AND OTHERS</b>				
Payable To	Address	Collateral	Persons Liabe	Maturity Date	How Payable	Balance Due
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
					Per	
<b>Totals</b>						

<b>SCHEDULE H</b>		<b>ACCOUNTS AND BILLS PAYABLE (Including Bank Cards)</b>			
Payable To	Account Number	Persons Liabe	How Payable	Balance Due	
			Per		
<b>Totals</b>					

<b>SCHEDULE I</b>		<b>OTHER LIABILITIES</b>		
Payable To	Persons Liabe	Collateral	How Payable	Balance Due
			\$ Per	
<b>Totals</b>				

If applicant resides in a community property state, please complete the following concerning marital status:

Applicant is:  Married  Separated  Unmarried (Includes single, divorced and widowed)  Registered Domestic Partner  
 Co-Applicant, if any, is:  Married  Separated  Unmarried (Includes single, divorced and widowed)  Registered Domestic Partner

APPLICANT	Social Security No.		Driver's License No.	Exp. Date	Issue Date	Home Phone		Business Phone		
	Date of Birth (MM/DD/YYYY)		Name of Employer			Occupation	No. of Years	Salary per		
	Amount of alimony, child support and separate maintenance payment income. <b>NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b>									
	Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment:									
	Alimony child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral									
	Income (salary, pension, social security, dividends, interest, etc.) Source: _____ per month									
	Have you ever borrowed from any other branch of this institution? Name: _____ Location: _____ Date: _____									
	Number of Dependents _____ Ages _____ <b>Have you established a trust?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s): _____ Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative _____ Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____									
	Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Names of References					Addresses				
CO-APPLICANT	Co-Applicant's Full Name					Addresses				
	Social Security No.		Driver's License No.	Exp. Date	Issue Date	Home Phone		Business Phone		
	Date of Birth (MM/DD/YYYY)		Name of Employer			Occupation	No. of Years	Salary per		
	Amount of alimony, child support and separate maintenance payment income. <b>NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b>									
	Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment:									
	Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral									
	Income (salary, pension, social security, dividends, interest, etc.) Source: _____ per month									
	Have you ever borrowed from any other branch of this institution? Name: _____ Location: _____ Date: _____									
	Number of Dependents (not listed by applicant) _____ Ages _____ <b>Have you established a trust?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Name(s) of trustee(s): _____ Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative _____ Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____									
	Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been declared bankrupt within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Names of References					Addresses					

**APPLICANT'S SIGNATURE(S).**

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Lender is relying on this statement of my financial condition in making loan(s) to me. Lender is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Lender for that purpose. I agree to inform Lender immediately of any matter which will cause any significant change in my/our financial condition. I understand that Lender will retain this financial statement whether or not credit is granted.

SIGNATURES

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's/Joint Credit Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT.** The lender may be relying on: 1) income from an individual who is not an applicant for the consumer loan, or 2) an individual co-borrower, owner, partner, officer or guarantor, for the business loan. Because of your relationship to the loan applicant or your role in the accommodation for the loan, your personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing below, I authorize the financial institution to obtain a consumer credit report on me for that purpose to evaluate the loan application.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_