



OA Finance, LLC

Credit Application

Date _____
Company Name _____
Fed ID / SS# _____
Address _____
Phone _____ Fax _____
E-mail: _____

Contact Name _____
D/B/A _____
City / State / Zip _____
Cell _____
Website: _____

LOAN PROCEEDS WILL BE USED FOR THE FOLLOWING BUSINESS PURPOSE:

EQUIPMENT INVOLVED WITH THIS FINANCING REQUEST:

_____ Cost _____
_____ Cost _____

Equipment Traded: _____
Additional Collateral: _____

Equipment Cost \$ _____
Taxes \$ _____
Total Cost \$ _____
Down Payment \$ _____
Value of Trade \$ _____
Balance to Finance \$ _____

Term of the note (months) _____
Seasonal Payments? Yes _____ No _____
If yes, circle the months below:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Payment Date Requested: 3rd 15th

PRINCIPALS AND GUARANTORS:

Name _____ SSN _____
Address _____
Name _____ SSN _____
Address _____

Spouse _____ SSN _____
City / State / Zip _____
Spouse _____ SSN _____
City / State / Zip _____

CREDIT AUTHORIZATION

The undersigned individual(s), who have agreed to serve as guarantors of the payment obligations of the applicant and who also recognizes that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby provides written authorization to OA Finance, LLC. to obtain, use, review and consider the personal credit report, and to contact banking and other appropriate credit references of the undersigned individual(s) in connection with the requested financing for the applicant. The aforesaid authorization shall extend to the applicant's request for financing and to any subsequent requirements as renewal of extension of further credit, collection or updating the applicant's account. By signing below, the undersigned individual(s) hereby (1) affirm their respective identity as the individual(s) identified herein and that their signatures below are their true and accurate signature, (2) to provide upon request an original signature of the within authorization and (3) agree that a Photostat or Facsimile copy of this authorization shall be valid and may be used as if it were an original.

Signed By: _____ SSN: _____
Individually and Not in Any Other Capacity

Signed By: _____ SSN: _____
Individually and Not in Any Other Capacity

Revision Date: 12/30/15

www.oafinance.net