



**Asset IQ Financial Services**  
**7575 Dr. Phillips Blvd Suite 250**  
**Orlando, Florida 32819**  
 Fax or email to: 513-724-1286  
 media@assetiqllc.com

24 Hour Approval

**Applicant's Business Information**

Company's Legal Name \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Business Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Equipment Location *If Different From Above* \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Corporate Status:    \_\_\_ C Corp    \_\_\_ S Corp    \_\_\_ LLC/LLP    \_\_\_ Govt/Municipal    \_\_\_ Proprietor  
 Facility                \_\_\_ New Project    \_\_\_ Remodel    Tax ID # \_\_\_\_\_  
 Business Phone Number \_\_\_\_\_    Year Business Started \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_    Current Ownership Since \_\_\_\_\_  
 Contact Email Address \_\_\_\_\_    Tax exempt (Y/N) If Y provide #:

**Reference Information**

Bank	Account Number & Type	Contact Name	Phone
_____	_____	_____	_____
Finance Co.	Account Number	Contact Name	Phone
_____	_____	_____	_____
Finance Co.	Account Number	Contact Name	Phone
_____	_____	_____	_____

**Business Credit Release and Acknowledgement**

Applicant hereby authorizes the release of credit information to Asset IQ, or it's designee from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature of Authorized Rep \_\_\_\_\_ Date \_\_\_\_\_

**Ownership Information**

By signing below, I the undersigned Co-Applicant(s) authorize Asset IQ, its agents, successors, and assigns, to check my credit. Everything I have stated below is true and correct to the best of my knowledge.

Principal's Name _____	Principal's Name _____
Home Street Address _____	Home Street Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Social Security Number _____	Social Security Number _____
Date of Birth _____	Date of Birth _____
Percentage Owned _____	Percentage Owned _____
Signature _____	Signature _____
Title _____	Title _____

Golf Only

**Transaction Information**

Course name _____	Total Equipment Cost	\$ _____
Number of holes _____	Down Payment	\$ _____
Public/semi/private? _____	Amount to be Financed	\$ _____
# Members _____	Desired Lease Term	24    36    48    60
# of annual rounds _____	End of Term Option	FMV    Balloon    \$1 Buyout    Loan
Equipment description _____	Est. Delivery Date	_____
Replacement or new? _____	Office Number	_____