



Kraus-Anderson Capital, Inc.
 523 South 8th Street, Suite 523 W
 Minneapolis, MN 55404-107
 www.krausanderson.com

Fax to: 612-305-2932
 Phone: 612-305-2934
 Toll Free: 1-888-547-3983

APPLICATION FOR FINANCING

GENERAL INFORMATION: *Please print or type*

Applicant Name: _____ Trade Name (if different) _____

Address: _____

Business # () - _____ City _____ State _____ Zip _____ County _____
 Cell Phone # () - _____ Fax # () - _____

Contact Name: _____ Title: _____ Email: _____

Description of Business: _____ Business Start Date: _____ Time as current owner: _____

Type of Business: Sole Proprietorship Corporation General Partnership L.L.C. Other _____

Has the business or any principal ever-declared bankruptcy? Yes No *if yes, date filed* _____

Are there any outstanding liens or judgments? Yes No # of employees _____

Federal ID Number _____ Sales Tax Exempt? Yes No *if yes, please attach copy of exemption certificate*

Prior Fiscal Year: Total Sales \$ _____ Net Income \$ _____ Depreciation \$ _____

FINANCIAL INFORMATION: *Additional financial information may be requested and is required for exposure over \$75,000*

Bank Name and Branch	City/State	Telephone #	Contact	Account Number
1.				
2.				

Finance Company or Trade	City/State	Telephone #	Contact	Account Number
1.				
2.				
3.				

PERSONAL INFORMATION ON OWNER/PRINCIPALS/GUARANTORS: *attach additional sheets, if necessary*

Name/Title _____ Birth date _____ SS# _____

Home Address & Phone No. _____ % Ownership _____

Net Worth \$ _____ Annual Income \$ _____ Own Home How Long _____

Nearest Relative (different address) _____ Phone () - _____

Name/Title _____ Birth date _____ SS# _____

Home Address & Phone No. _____ % Ownership _____

Net Worth \$ _____ Annual Income \$ _____ Own Home How Long _____

Nearest Relative (different address) _____ Phone () - _____

EQUIPMENT TO BE FINANCED & TERMS

New or Used? _____ Description of Equipment _____

Negotiated Selling Price \$ _____ Term Desired _____ Yrs. Payments: Monthly Other (specify) _____

Dealership Name and address: _____

Contact Name: _____ Phone Number: () - _____ Fax Number: () - _____

SIGNATURE OF OWNER/PRINCIPAL OR AUTHORIZED OFFICER/PARTNER

For the purposes of obtaining credit: Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to Kraus-Anderson Capital, Inc. and/or any party which may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release, any credit/financial information concerning applicant or such other person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other.

BY: _____ TITLE: _____ DATE: _____

BY: _____ TITLE: _____ DATE: _____