

# ACCOUNT VERIFICATION FORM

PLEASE FAX OR EMAIL TO: Monkeys Arcades

Fax: (331) 212-6980

Phone: (877) 386-2731

Attn: Sales



**US Business Funding**

Equipment Leasing & Financing

<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)		Annual Business Revenue		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)    24 Months    36 Months    48 Months    60 Months    Other _____				
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<b>REFERENCES</b>	Business Bank <input type="checkbox"/>		Account No. <input type="checkbox"/>		
	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. By signing, I provide my express consent authorizing US Business Funding to contact me by telephone, which may include artificial or prerecorded calls and/or text messages, delivered via automated technology, to the phone number(s) that I have provided herein.

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.

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