



MAC SOLUTIONS, INC.
18413 BURNHAM AVE
LANSING, IL 60438
Ph:708-895-6460
Fax: 708-895-6461

COMMERCIAL FINANCING APPLICATION

COMPANY INFORMATION			
Company (Legal Name) _____		Federal Tax ID _____	
Company Address _____		City _____ State _____ Zip _____	
Telephone _____ Fax _____		Equipment Location: _____ Owned _____ Lease/Rent _____ <small>(Please check one)</small>	
Equipment Address _____		City _____ State _____ Zip _____	
No. of Years in Business _____		Type of Business: _____ Proprietorship _____ Partnership _____ LLC _____ Corporation _____ Non-Profit _____	
PERSONAL INFORMATION Officers/ Partners/ Guarantors		For additional Guarantors/Owners attach a separate sheet.	
1) Name _____		Title _____ % Owned _____	
Home Address _____		City _____ State _____ Zip _____	
Social Security No. _____		Home/Mobil Phone _____ E-mail _____	
2) Name _____		Title _____ % Owned _____	
Home Address _____		City _____ State _____ Zip _____	
Social Security No. _____		Home/Mobil Phone _____ E-mail _____	
VENDOR/EQUIPMENT INFORMATION		Financed Amount: \$	
Vendor: MAC SOLUTIONS, INC.	Contact:	Phone:	E-mail:
Sales Agent:	Sales Agent Phone:	Sales Manager:	E-mail:
DECLARATION			
<p>The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes WB FINANCIAL LLC and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.</p> <p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth (for individuals), and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents. A photocopy or fax of this authorization shall be valid as the original.</p>			
Applicant: _____ Signature _____ Title _____ Date _____			
Applicant: _____ Signature _____ Title _____ Date _____			