Cypress Adaptive
Precision Prosthetic Solutions

CYPRESS ADAPTIVE
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CREDIT APPLICATION - ALL OWNERS MUST BE DISCLOSED

BUSINESS TYPE: (CHECK ONE) ◯ SOLE PROPRIETOR ◯ PARTNERSHIP ◯ CORPORATION ◯ S-CORPORATION ◯ LLC ◯ LLP

LEGAL BUSINESS NAME:	D / B/ A:	
NATURE OF BUSINESS:	FEDERAL ID #:	TIME IN BUSINESS: Years
MAILING/BUSINESS ADDRESS:	CITY: STATE: ZIP:	COUNTY:
BUSINESS PHONE: EXT.	BUSINESS FAX:	CELL:
WEBSITE:	LOCATION WHERE EQUIPMENT IS KEPT (IF DIFFERENT FROM ABOVE)	
ANNUAL REVENUE: # OF EMPLOYEES:	DATE OF INCORPORATION: STATE OF INCORPORATION:	BUSINESS START DATE:

GUARANTOR 1 FULL NAME	TITLE	SOCIAL SECURITY #	% OWNED	DATE OF BIRTH	HOME ADDRESS

Home Phone:	Cell Phone:	E-mail:	Are you a homeowner? ◯ Yes ◯ No
Have you ever filed for bankruptcy protection? ◯ Yes ◯ No If yes, what was the discharge date?			Country of Citizenship

GUARANTOR 2 FULL NAME	TITLE	SOCIAL SECURITY #	% OWNED	DATE OF BIRTH	HOME ADDRESS

Home Phone:	Cell Phone:	E-mail:	Are you a homeowner? ◯ Yes ◯ No
Have you ever filed for bankruptcy protection? ◯ Yes ◯ No If yes, what was the discharge date?			Country of Citizenship

GUARANTOR 3 FULL NAME	TITLE	SOCIAL SECURITY #	% OWNED	DATE OF BIRTH	HOME ADDRESS

Home Phone:	Cell Phone:	E-mail:	Are you a homeowner? ◯ Yes ◯ No
Have you ever filed for bankruptcy protection? ◯ Yes ◯ No If yes, what was the discharge date?			Country of Citizenship

BANK / MONEY MARKET ACCOUNTS	ACCOUNT #	TELEPHONE #	CONTACT PERSON

BUSINESS LOAN REFERENCE	ACCOUNT #	TELEPHONE #	CONTACT PERSON

VENDOR / EQUIPMENT INFORMATION

VENDOR:	ADDRESS:	CITY, STATE, ZIP:	SALE PRICE:
CONTACT:	PHONE: FAX:	EMAIL:	INSURANCE REQUEST:

◯ New ◯ Used	YEAR:	MAKE:	MODEL:	DESCRIPTION:	VIN / SERIAL:	DELIVERY DATE:

I hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. By the execution of any lease/loan agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant that it is understood that Creditor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, or for any other reason, and I/ we will indemnify Creditor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended equipment based on the information contained herein.

X _____ GUARANTOR 1 SIGNATURE

X _____ GUARANTOR 2 SIGNATURE

X _____ GUARANTOR 3 SIGNATURE

Please scan and email the completed and signed application to DJackson@oakmontfinance.com or fax to 800.843.2948