



Level Funding, LLC

Your Direct Business Lender

Equipment

Equipment Description:

Equipment Cost:

Vendor :	\$ _____ Cost
City/State :	Address where furniture will be located
Phone:	_____
Contact:	_____

TERM: 24 Months 36 Months 48 Months 60 Months

Business Trade References

Last Name:	First Name:	Middle Initial:	
Company Name:	Address:		
City:	State:	Zip:	
Daytime Phone:	Evening Phone:	Fax:	E-mail:

Last Name:	First Name:	Middle Initial:	
Company Name:	Address:		
City:	State:	Zip:	
Daytime Phone:	Evening Phone:	Fax:	E-mail:

I hereby authorize Level Funding LLC or any Credit bureau or any credit bureau or there agency employed by Level Funding LLC to investigate the references herein listed as well as any financial statements or any other data obtained form me or from any other person to my credit and financial responsibility.

Signature	Date
Signature	Date