

Business Credit Application

Send to: ldingman@andvre.com

Questions Call: 970-208-7392

COMPANY or ORGANIZATION NAME (full legal name including dba or division if applicable)					DATE			
ADDRESS				CITY	STATE	COUNTY	ZIP	PHONE
EQUIPMENT LOCATION (if different than above)				CITY	STATE	COUNTY	ZIP	FAX
EMAIL ADDRESS				FED. TAX I. D.			DATE EST. (MO & YR)	
TYPE OF BUSINESS		YEARS CURRENT OWNERSHIP		STATE OF ORGANIZATION			STRUCTURE: Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> LTD Corp <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC Other:	
PRIMARY CONTACT			EMAIL ADDRESS					
LANDLORD'S NAME (or mortgage co.)				LANDLORD'S PHONE NO.			NUMBER OF OWNERS	
OWNER 1 (first name, middle, last)			TITLE		% OF OWNERSHIP		SOCIAL SECURITY NUMBER	
HOME ADDRESS (including city, state, & zip code)					HOME PHONE		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
OWNER 2 (first name, middle, last)			TITLE		% OF OWNERSHIP		SOCIAL SECURITY NUMBER	
HOME ADDRESS (including city, state, & zip code)					HOME PHONE		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
OWNER 3 (first name, middle, last)			TITLE		% OF OWNERSHIP		SOCIAL SECURITY NUMBER	
HOME ADDRESS (including city, state, & zip code)					HOME PHONE		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
VENDOR:					VENDOR CONTACT AND PHONE:			
EQUIPMENT, SOFTWARE OR SERVICES TO BE FINANCED:							TOTAL AMOUNT: \$	
FINANCING PROGRAM (check one):	LEASE <input type="checkbox"/>	FINANCING <input type="checkbox"/>	WORKING CAPITAL <input type="checkbox"/>	OTHER	PAYMENT QUOTED:		SALES TAX RATE	
IMPORTANT – APPLICANT READ BEFORE SIGNING								
I hereby certify that all information contained in this application is true and all attachments here to is true and complete to the best of my knowledge, and has been supplied for the purpose of obtaining credit in the form of an equipment lease or financing and here by authorization TCEF, Inc. and it's assignees and potential assignees to obtain a credit bureau and or credit profile, bank and trade references in considering the credit applicant and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static, facsimile or e-mail copy of this authorization shall be as valid as the original. Financing programs are based on approved credit and subject to change and void where prohibited.								
DATE	SIGNATURE				TITLE			



NOW OFFERING SIMPLE FINANCING OPTIONS

1

CLICK THE LINK TO APPLY

2

SELECT THE TERM YOU WANT

3

SIGN THE E-DOCUMENTS BY EMAIL

REQUEST A QUOTE

APPLY HERE



SCAN QR CODE
TO APPLY AND
SECURE FUNDS

KEVIN ANDERSON
VICE PRESIDENT OF EQUIPMENT FINANCING

call or text: 772-559-8193
kevin@centrafunding.com



Centra Funding, LLC offers a simplified financing process that allows your customers to easily obtain the financing they need in minutes. You can sign your documents on a computer, tablet, or smartphone.

Programs We Offer to Your Customers*

**For approved credit scores and 2 years' time in business.*

\$0 Down Program

An easy way to get into the equipment you need quickly and at no upfront cost!

90 Day Deferral Program

This is a great way to generate income on the equipment purchase while you delay making payments for 3 months!

THE CENTRA FUNDING ADVANTAGE

- DIRECT LENDER**
- EXPEDITE PURCHASE**
- PROVEN SUCCESS**
- FLEXIBLE FINANCING**
- SUPERIOR CUSTOMER SUPPORT**
- 100% FINANCING AVAILABLE**

CLICK TO APPLY



**SCAN WITH
PHONE CAMERA
TO APPLY**

KEVIN ANDERSON
VICE PRESIDENT OF EQUIPMENT FINANCING

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kevin@centrafunding.com