



Cory Lockert
New Leaf Funding
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 Maitland, FL 32751
Phone: 321.972.9994
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BUSINESS INFORMATION

| | | | |
|--|---------------|---|--|
| Company name: | | DBA: | |
| Business address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Website: | | Tax ID: | |
| Years Under Current Management: | | Current Franchise: | |
| BUSINESS BANK REFERENCES: | | PLEASE FAX 3 MONTHS BANK STATEMENTS <input type="checkbox"/> | |

PERSONAL GUARANTOR INFORMATION

| | | | | |
|---|--|--------------------------------|--------------|---------------------|
| PG1 Name: | | Social Security Number: | | % Ownership: |
| Address: | | | | |
| <i>Street</i> | | <i>City</i> | <i>State</i> | <i>ZIP</i> |
| Cell Phone: | | E-mail: | | |
| PG2 Name: | | Social Security Number: | | % Ownership: |
| Address: | | | | |
| <i>Street</i> | | <i>City</i> | <i>State</i> | <i>ZIP</i> |
| Cell Phone: | | Email: | | |
| PG3 Name: | | Social Security Number: | | % Ownership: |
| Address: | | | | |
| <i>Street</i> | | <i>City</i> | <i>State</i> | <i>ZIP</i> |
| Cell Phone: | | Email: | | |
| FOR ADDITIONAL GUARANTORS, PLEASE FILL OUT AN ADDITIONAL APPLICATION | | | | |

VENDOR INFORMATION

| | | |
|-------------------------------|--|------------------------|
| Vendor Name: | | Phone: |
| Address: | | |
| Equipment Description: | | Equipment Cost: |

AGREEMENT

By signing below, the undersigned (the "Applicant"), who is either a principal of the credit applicant or a personal guarantor of its obligation, provides written instruction and authority to **New Leaf Funding Corporation** to share this application and any supporting documentation with third parties. Applicant authorizes New Leaf Funding Corporation or its Designee as well as and in addition to any Assignee or potential assignee thereof to request, receive and review of Applicant's personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as an original. Applicant certifies that the information provided herein is correct to the best of my (our) knowledge. By signing below, Applicant affirms Applicant's identity as the respective individual(s) identified in the above application. Applicant waives and releases any claims against New Leaf Funding Corporation, its Designees and Assignees and any information-providers arising from any act or omission relating to the requesting, receiving or release of the information obtained in connection with this application.

| | | |
|------------------|--------------|-------------|
| <i>Signature</i> | <i>Title</i> | <i>Date</i> |
| <i>Signature</i> | <i>Title</i> | <i>Date</i> |
| <i>Signature</i> | <i>Title</i> | <i>Date</i> |