



FINANCE APPLICATION



Quick, Easy & Secure

Amerifund Inc., Jason Alessio
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Rev 0819

LESSEE/FRANCHISEE

Company Name: _____
DBA: _____ Fed Tax ID: _____
Address: _____
City, State, & Zip: _____
Business Phone #: _____
Contact Name: Cell Ph #: _____
Business Description: _____
Date when business started: _____
Type of business: S-Corp LLC Sole Prop.
 Partnership Corporation Non-Profit

FRANCHISOR

Company Name: **IM=X Pilates, Inc.**
Address: **265 Madison Ave, 2nd Floor**
City, State, & Zip: **New York, NY 10016**
Office Ph: **800.IMX.1336** Fax: **646.349.5220**
Sales Rep Name: _____ Cell: _____
Email: **info@imxpilates.com**
Equip. Description: _____
Equipment Costs: \$ _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR OWNERS

Name: _____
Home Address: _____
City, State, & Zip: _____
Cell: _____ Email: _____
Social Security #: _____ % Ownership: _____

Name: _____
Home Address: _____
City, State, & Zip: _____
Cell: _____ Email: _____
Social Security #: _____ % Ownership: _____

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her 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 copy or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signature: _____
Print Name: _____
Date: _____

Signature: _____
Print Name: _____
Date: _____

EQUIPMENT TO BE LEASED (ATTACH EQUIPMENT SCHEDULE IF NECESSARY)

Address of installation if different than above: _____

I hereby represent all information is true, correct and complete. A facsimile copy of this authorization shall be valid as the original.

Signature: _____ Title: _____ Date: _____
(Authorizing Officer Signature)

(Please Print Name)

Please email completed application to:
docstolender@amerifund.cc or fax to: **800-211-3072**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.