




HOW TO COMPLETE THIS FORM

 Complete this form and select "Print". In the "Destination" dropdown menu select "Save as PDF" then attach the saved PDF file to an email and send to financing@greenindustryco-op.com

- OR -

 Print your completed form for your records and/or fax it to our office: (800) 440-2378

- OR -

 Print your completed form and mail it to Green Industry Co-Op, C/O Birch Financial, Inc., 1835 N. Fine Ave., Fresno, CA 93727

Date Green Industry Co-OMember # Contractor Lic #

Business Information

Business Name
(Exact Legal Name)

Business Address

City State Zip

Phone Mobile Fax

Federal Tax ID # State of Organization State of Origin ID#

Business Structure Equipment Location

Personal Guarantee(s) of Owners is Required

Principal Title % Owned

Home Address

City State Zip

Date of Birth Social Security # Phone

Principal Title % Owned

Home Address

City State Zip

Date of Birth Social Security # Phone



FINANCING APPLICATION

Credit References Including Banks, Trades, Leases, Loans and Landlord

(Minimum of two years bank history and a minimum of three trade references)

Bank Name	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Bank Name	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Trade	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Trade	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Customer References	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
Customer References	<input type="text"/>	Acct #	<input type="text"/>
Contact	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>

Equipment and Vendor Information

Vendor Name	<input type="text"/>		
Vendor Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Equipment Description	<input type="text"/>		
Net Cost \$	<input type="text"/>	Term (Months)	<input type="text"/>

Whether I submit this form as a signed or as a digital version, the undersigned certifies that the above information given for credit purposes is true and correct and authorizes the Company to which this application is made and any Credit Bureau or Investigative agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as a part of said investigation.

Applicants Signature	<input type="text"/>	Title	<input type="text"/>	Date	<input type="text"/>
Applicants Signature	<input type="text"/>	Title	<input type="text"/>	Date	<input type="text"/>

If you are submitting this form in digital form, please type your name/s in the box/es provided above.

