



# OMNI FUNDING™

888-268-OMNI (6664)

## CAPITAL CONSULTANT INFORMATION

Corporate Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Fed. ID #: \_\_\_\_\_ Years In Business: \_\_\_\_\_  
 Web Address: http:// \_\_\_\_\_  
 Company Key Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Key Contact email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Other Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Other Contact email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Legal Entity: Corporation \_\_\_ LLC \_\_\_ LP \_\_\_ LC \_\_\_ Sole Proprietorship \_\_\_  
 Number of Employees: \_\_\_\_\_ Average # of Transactions Per Month: \_\_\_\_\_  
 Monthly Dollar Volume: \_\_\_\_\_ Average Size of Transactions: \_\_\_\_\_  
 Dollar Range of Transactions: \_\_\_\_\_ Number of Finance Relationships: \_\_\_\_\_  
 Key Markets: \_\_\_\_\_  
 Bank Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Current Funding Sources: (these do not have to be equipment leasing sources)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contacts: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contacts: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contacts: \_\_\_\_\_

Company Principal's Name: \_\_\_\_\_ S/S#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Company Principal's Name: \_\_\_\_\_ S/S#: \_\_\_\_\_  
 Address: \_\_\_\_\_

I hereby authorize our banks, financial institutions, and consumer credit bureau agencies the right to release credit information to Omni Funding.

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

FOR OFFICE USE:  
 Date Received: \_\_\_\_\_ Office Location: \_\_\_\_\_  
 Operations Manager: \_\_\_\_\_ CC #: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Declined: \_\_\_\_\_ Reason: \_\_\_\_\_