



BROKER/LESSOR INFORMATION

Broker/Lessor Corporate Name: _____

Business Address: _____

Phone: _____ Fax: _____

Fed. ID # _____ Yrs. 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 Partnership Sole Proprietorship

Number of Employees: _____ Average # of Transactions Per Month: _____

Monthly Dollar Volume: _____ Average Size of Transactions: _____

Dollar Range of Transactions: _____ Number of Vendors: _____

Equipment Types Brokered _____

Bank Relationship: _____ Contact: _____

Phone: _____ Account Number: _____

Current Funding Sources:

Name: _____ Phone: _____

Contacts: _____

Name: _____ Phone: _____

Contacts: _____

Name: _____ Phone: _____

Contacts: _____

Principal's Name _____ S/S# _____

Address _____

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: _____

.....

FOR OFFICE USE:

Date Received: _____

Territory: _____

Account Executive: _____

Broker #: _____

Approved: _____

Declined: _____