



Tim Nick
Info@spectechnologiesllc.com
 800-295-4202 Secure Fax

Credit Application

LESSEE (exact legal name required)
 Name _____
 Address _____
 City/State/Zip _____
 Telephone Number _____ Fax Number _____
 Contact Person _____ Title _____
 E-Mail Address _____

SUPPLIER
 Name **SPEC Technologies, LLC**
 Address **891 Gray Girls Road**
 City/State/Zip **Senoia, GA 30276**
 Telephone Number **770-274-9888** Fax Number _____
 Contact Person **Tim Nick** Title _____
 E-Mail Address: _____

coatingguy1@aol.com

EQUIPMENT DESCRIPTION:
 New Used Total Equipment Cost \$ _____ (Itemize costs involved)
 Equipment Location (if other than above) _____ State of Incorporation _____
 Nature of Business _____ Time in Business _____ Years _____ Months _____ Federal Tax Id # _____
 Type of Business: Corporation Partnership Proprietorship Non-Profit Government Other
 Lease Term _____ Purchase Option FMV 10% \$1.00
 Security Deposit(s) 0 1 2 **OR** Advance Payment(s) 0 1 2
 Monthly Payment \$ _____ Plus Tax \$ _____ Total Payment \$ _____

BANKS
 Bank Name _____ Bank Name _____
 1. _____ 2. _____
 Type of Account _____ Account Number _____
 Type of Account _____ Account Number _____
 Contact Officer _____ Telephone Number _____
 Contact Officer _____ Telephone Number _____

TRADES
 Name _____ Name _____
 1. _____ Telephone Number _____
 Telephone Number _____
 Name _____ Name _____
 2. _____ Telephone Number _____
 Telephone Number _____

Please provide the following on principals and/or owners:
 Name _____ Home Address _____ City/State/Zip _____ Social Security Number _____
 Name _____ Home Address _____ City/State/Zip _____ Social Security Number _____

SIGNATURE / RELEASE (Must have signatures from each social security number provider before processing application.)
 By signing below, the undersigned individual, as principal of and/or guarantor for the applicant, authorizes First Pacific Funding, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original
 Authorization: _____ Date: _____