

Fax Completed Application To: 847.374.9400
 This application is administered by IRH Capital, LLC www.irhcapital.com info@irhcapital.com

COMPANY INFORMATION

Company Name: _____	Signer: _____
Address: _____	Business Description: _____
City, State & Zip: _____	Number of Units Owned: _____
Phone No.: _____	Years in Business: _____
Fax No.: _____	Federal ID#: _____
E-Mail Address: _____	Corporation Partnership Proprietorship

PROJECT DESCRIPTION

Project Cost: _____ Financing Requested: _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name: _____	Name: _____
Title: _____	Title: _____
% of Business Owned: _____	% of Business Owned: _____
Social Security No.: _____	Social Security No.: _____
Home Address: _____	Home Address: _____
City, State & Zip: _____	City, State & Zip: _____
Home Phone: _____	Home Phone: _____

BUSINESS BANK INFORMATION

Name of Bank: _____	Name of Bank: _____
Phone No.: _____	Phone No.: _____
Contact Name: _____	Contact Name: _____
Bus. Checking Account No.: _____	Bus. Checking Account No.: _____
Savings Account No.: _____	Savings Account No.: _____

PREVIOUS LEASE/LOAN REFERENCES

Lender/Lessor: _____	Telephone No.: _____	Acct. No.: _____
Lender/Lessor: _____	Telephone No.: _____	Acct. No.: _____

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes IRH Capital, LLC to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes IRH Capital, LLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to IRH Capital, LLC by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Authorized this _____ day of _____, 20____. Signature & Title: _____