



LESSEE / APPLICANT INFORMATION						
Legal Business Name or Farm Name				Phone	Phone	
Address (Street, R.R no PO Box)				E-mail	E-mail	
City	County	State	State Zip Cell		1e	
Type of Business or Farm	Livestock Type & # of Head			Contact N	√ame	
Corp LLC Partnership Sole Prop	Federal Tax ID #	Federal Tax ID #			ablished/Time in Business	
# of Acres owned # Rented Acres	Farm Gross Annual Incom	ne Non Farm /	e Non Farm Annual Income		x Exempt?	
PRINCIPAL INFORMATION (President, Owner or Partners)						
Name 1	-	Title	% of Ownership	Social Se	curity #	
Home Address	City	State	Zip	Phone		
Name 2	-	Title	% of Ownership	Social Se	Social Security #	
Home Address	City	State	Zip	Phone	Phone	
	ASSETS & LIABILITIES INFORMATION(over \$50K)					
Cash on Hand/Savings: Total Liabilities:						
Total Assts:	Total Net Worth:	I Net Worth:				
VENDOR / EQUIPMENT INFORMATION						
Name		Phone		Contact		
Address	City	Sta	State Zip		Fax	
Equipment To Be Leased - Description						
Used Term (months)		Payment Type (circle one) Monthly – Quarterly – Semiannual - Annual □ Yes □ No		Total Equipment Cost (Before Trade)		
IAGAA						
All information in this application and all attachments are correct to the best of my knowledge. I authorize Osgood Funding, Inc. and/or its lenders, participants and assigns to verify employment and all financial and other information submitted with this application, including obtaining a consumer credit report, to act on this application. I authorize such parties to make continued inquiries about such information and obtaining a consumer credit report during the term of obligations. As required by law, my identity will be verified. I authorize all past or present creditors to release any and all necessary credit information, and to respond fully to requests for information based on this application when transmitted by electronic or other means. The above permissions and authorizations will apply to any creditor to whom this application is submitted. I certify that the obligations applied to hereunder are for business, commercial or agricultural purposes and not for personal, family and household purpose. I certify that authorization has been obtained from those listed above, however have not signed below, to obtain their consumer credit report as they are applying for credit. I agree that Osgood Funding, Inc. and/or its lenders, participants and assigns may freely communicate credit, financial, transactional and other information about me in connection with the administration of any loan or lease, participants and assigns may freely communicate credit, financial, transactional and other information about me or any owner in connection with the administration of any loan or lease, including releasing credit bureau reports to lenders working with Osgood Funding, Inc. who may provide credit relating to this application. FAIR CREDIT REPORTING ACT: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, contact Osgood Funding, Inc., 473 Troy Pike, Suite B, Covington OH 45318 (937) 473-5991 within 60 days from the d						
Signature #1:	Date	Signature #2:_			Date	