



A Division of Providence Bank & Trust

# BROKER APPLICATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Year Est: \_\_\_\_\_

Email Address: \_\_\_\_\_

Key Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Annual Volume: \_\_\_\_\_ Average Size: \_\_\_\_\_ Dollar Range: \_\_\_\_\_

Market Specialties: \_\_\_\_\_

Duns # \_\_\_\_\_

Website Address: \_\_\_\_\_

**Please email us your most current Dun and Bradstreet Report**

How did you hear about Providence Equipment Finance? \_\_\_\_\_

Are you a Direct Originator? \_\_\_\_\_

YES  NO Have you ever been charged with a crime or are you currently a defendant in any suits or legal action?

YES  NO Have you ever declared bankruptcy? If yes, please provide letter of explanation.

I hereby authorize our banks, references, and financial institutions to release credit information to **Providence Equipment Finance**. Additionally, I hereby authorize **Providence Equipment Finance**, a division of Providence Bank & Trust, to obtain my consumer credit report for broker application review purposes. A photostatic or facsimile copy of this authorization shall be valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Solutions that work®**



630-985-3500  
providenceleasing.com

1555 S. Ardmore Avenue | Villa Park, IL 60181

## CURRENT FUNDING SOURCES

- 1. Funding Source:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
- 2. Funding Source:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
- 3. Funding Source:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## BANK REFERENCES

- 1. Bank:** \_\_\_\_\_ **Acct. #:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
- 2. Bank:** \_\_\_\_\_ **Acct. #:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## PRINCIPALS

- Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Ownership Interest:** \_\_\_\_\_ %
- Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Ownership Interest:** \_\_\_\_\_ %

Please provide scanned copies of both front and back of each principal's driver's license.

MEMBERS OF:



Providence Equipment Finance looks forward to starting a relationship with you and hope that together, we can become a successful team!

Initials: \_\_\_\_\_ Date: \_\_\_\_\_