

**Top Tier Business Solutions, LLC**

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Visit us @ [www.ttbizsolutions.com](http://www.ttbizsolutions.com)**"Finance Brokers Working For You"**

APPLICANT INFORMATION			
Purchaser's Name (First, Middle, Last)		Social Security #	Date of Birth
Company Fed Tax ID#	Company Name	Circle Type : INC LLC DBA Corp MO & YR of INC	Total Years in Business
Purchaser's Address		City	State Zip Code County
Business Address		City	State Zip Code County
Home or Office Phone #	Cell Phone #	Home Owner Yes No	# of Years There Monthly Mortgage or Rent Amount
Driver's License Number	State Expires	Email Address	
Name of Spouse		Spouse Social Security Number	Date of Birth
Spouse's Employer		Time on Job	Employer's Phone # Spouse's Monthly Income
Nearest Relative NOT living with you:	Phone Number	City and State	Relationship
Have you ever filed for Bankruptcy? Yes No Year: _____	Have you ever had a REPO? Yes No Year: _____	Are you a defendant in any legal actions? Yes No	Do you have any tax Liens? Yes No Year: _____ Amount: _____
BUSINESS INFORMATION			
First Time Buyer	Please Circle Below Replacement Equip Additional Equip		
State Equip to be Titled & Lic In:	Type of Service Provided	Rate/Hr or Rate per Job	Estimated Monthly Income for this Unit
What company will this equipment be leased to?(if not your own)		Contact	Phone Number
Address		City	St Zip
Business Reference #1	Contact Person	Phone Number	
Business Reference #2	Contact Person	Phone Number	
Business Reference #3	Contact Person	Phone Number	
FINANCIAL INFORMATION			
Personal Bank Name:	Personal Account Balance(Chk/Sav)	Bank Contact Person and Phone Number	
Business Bank Name:	Business Account Balance(Chk/Sav)	Number of Vehicles in Fleet	Number of Trailers/Equipment in Fleet
Equipment Finance Company Ref:	Phone Number	Year/Make/ Model of Equipment	Estimated Balance
Equipment Finance Company Ref:	Phone Number	Year/Make/ Model of Equipment	Estimated Balance
Equipment Finance Company Ref:	Phone Number	Year/Make/ Model of Equipment	Estimated Balance

