



20 Osprey Ln, Gardiner, NY 12525

Please email completed application to **bramthor@amthorinternational.com**

B U S I N E S S	BUSINESS NAME/LESSEE		ANNUAL REVENUES		CONTACT NAME	
	MAILING ADDRESS (CITY)		(STATE)		(COUNTRY) (ZIP CODE)	
	TYPE, NATURE, AND PURPOSE OF BUSINESS		TELEPHONE EXT		FAX NUMBER OR EMAIL ADDRESS	
	LOCATION OF EQUIPMENT (PHYSICAL ADDRESS) (CITY)		(STATE)		(COUNTRY) (ZIP CODE)	
	OWNERSHIP: PROPRIETORSHIP C CORP SUB "S" CORP L.L.C		FED. TAX NO.			
	# OF EMPLOYEES	STATE OF INCORPORATION	DATE BUSINESS STARTED		DATE OF PRESENT OWNERSHIP	

O W N E R S	PRINCIPALS NAME		TITLE	%OWNERSHIP	SOC. SEC. NO	DATE OF BIRTH	
				GUARANTOR Y/N			
	HOME ADDRESS (STREET) (CITY)		(STATE)	(ZIP CODE)	OWN RENT	HOME PHONE NO.	
	PRINCIPALS NAME		TITLE	%OWNERSHIP	SOC. SEC. NO	DATE OF BIRTH	
				GUARANTOR Y/N			
	HOME ADDRESS (STREET) (CITY)		(STATE)	(ZIP CODE)	OWN RENT	HOME PHONE NO.	

B A N K S	BANK		CONTACT		TELEPHONE		FAX	
	ACCOUNT UNDER NAME OF		CHECKING ACCOUNT NUMBER		SAVINGS ACCOUNT #		LOAN #	
	BANK		CONTACT		TELEPHONE		FAX	
	ACCOUNT UNDER NAME OF		CHECKING ACCOUNT NUMBER		SAVINGS ACCOUNT #		LOAN #	

T R A D E	COMPANY NAME		TELEPHONE NUMBER		CONTACT PERSON		ACCOUNT NUMBER	

VENDOR NAME			CONTACT PERSON		PHONE NUMBER	
<input type="checkbox"/> NEW <input type="checkbox"/> USED	TERM REQUESTED	EQUIPMENT TO BE FINANCED (ATTACH INVOICE)			EQUIPMENT COST	

I/We hereby authorize the release of any and all credit information to HomeTrust Bank and its assigns or agents from the above listed references, and certify that all is true and correct to the best of my knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit application, hereby consents to and authorizes the above named business credit provider to verify all information provided, and obtain and use a credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process.

 _____ TITLE _____ DATE _____
  _____ TITLE _____ DATE _____