



Odyssey Equipment Financing

8711 E. Pinnacle Peak Rd., #F-211 PMB 206

Scottsdale, AZ 85255

Salesperson: John Torbenson – John@oefc.net

CREDIT APPLICATION

Ph: (480) 607-6800 Ext. 2

Fax: (480) 607-6868

Legal Name of Business					Contact:		
Mailing/Business Address, City, State, Zip					Phone # ()		
Equipment Location (if different)			County		Fax # ()		
Type of Business		Federal ID #		Time in Business: (under current ownership) _____yrs _____mo.		Cell Phone# ()	
☐ Prop.	☐ Prtnrshp.	☐ Corp.	☐ LLC	State Registered in:	Date:	Email Address	
Principal/Officer/Partner		Title	% Owner	Social Security		Home Address, City, State, Zip	Own or Rent?
Equipment Leases/Loans		How Long	Telephone #		Account #	Loan or Lse. Amt.	
			()				
Equipment Supplier: (if Known)			City, State:		Contact name:	Phone # ()	
Type of Equipment						Total Equip. Cost \$	
Lease / Contract Term	Residual	New	Used	Recond.			

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Odyssey Equipment Financing Company, its designee, assigns, or potential assigns, to review his/ her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

BY: _____

Customer's Signature (Title)

Print Name

Date: _____

BY: _____

Customer's Signature (Title)

Print Name

Date: _____