

Referral Partner Application



Referral Partner Info

Business Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Business Phone: _____ Cell: _____

Email: _____ Website: _____

Do you have a California Finance Lenders License (CFL)? License #: _____

Estimated Annual Funding Volume to Quality Equipment Finance: \$ _____

Referred to Quality by: _____ Member of: CLFP NEFA

Do you have a LinkedIn account: _____ (select all that apply) ELFA AACFB

Principal Info

Owner Name 1: _____ % of Ownership: _____ SSN: _____

Address: _____

Years of Experience: _____ Credit Bureau Used: Exp Efx TU

Owner Name 2: _____ % of Ownership: _____ SSN: _____

Address: _____

Years of Experience: _____ Credit Bureau Used: Exp Efx TU

Business Bank

Name: _____ Phone: _____

Address: _____ Contact: _____

Funding Source References

Source 1: _____ Phone: _____

Contact: _____ Email: _____

Source 2: _____ Phone: _____

Contact: _____ Email: _____

Source 3: _____ Phone: _____

Contact: _____ Email: _____

Please attach a copy of your resume, CV, or bio with work history

By signing below, the undersigned individual as principal/owner for the applicant, authorizes Quality Leasing Co., Inc. dba Quality Equipment Finance, its designee, assigns, or potential assigns to obtain and review his/her personal credit profile provided by any national credit bureau, all pertinent company credit/reference information, and to contact above listed financial institutions and creditors to release credit and performance information for considering this application and for the purpose of update, renewal, or extension of credit to the applicant or the collection of any matters. A electronic version, fax or photocopy of this agreement shall be valid as the original.

Signed: _____ Date: _____

Print name: _____ Title: _____

Signed: _____ Date: _____

Print name: _____ Title: _____