

BARCO PUMP

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EQUIPMENT FINANCE APPLICATION

BUSINESS	BUSINESS NAME				TELEPHONE	
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	NATURE OF BUSINESS(OR SIC CODE)	APPROX ANNUAL REVENUE \$	FAX NUMBER		AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET) *If different from above.		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
OWNERSHIP	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
BANKS	BANK		CONTACT		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.		CURRENT BALANCE	
	BANK		CONTACT		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.		CURRENT BALANCE	
CREDIT	COMPANY NAME		ACCOUNT NO.	TELEPHONE NO.		CONTACT PERSON
EQUIPMENT	EQUIPMENT TO BE PURCHASED					
	COST OF EQUIPMENT \$					

I hereby authorize KB Capital or its correspondent financing partners or other investigative agencies employed by KB Capital to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I hereby warrant that I have requisite authority to engage in and negotiate this financing application.

X

SIGNATURE

DATE