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Northern Atlantic Financial, LLC. and/or its assignees. X

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COMPLETE LEGAL NAME		□ SOLE PROP □ PARTNERSHIP □ CORPORATION			
TYPE OF BUSINESS	FEDERAL ID	NUMBER	YEARS IN BUSINESS		
MAILING/BUSINESS ADDRESS		COUNTY	PHONE NUMBER	FAX NUMBER	
EQUIPMENT LOCATION		COUNTY	PHONE NUMBER	CONTACT	
NSURANCE AGENT			AGENT'S PHONE NUMBER	₹	
ARE YOU A US CITIZENYESNO)				
PRINCIPAL / OFFICER / PARTNER	SOCIAL SECURITY	TITLE / %OWNED	HOME ADDRESS &	TELEPHONE	
BANK / MONEY MARKET ACCOUNTS BUSINESS	ACCOUNT #	TELEPHONE	OFFICER TO CO	ONTACT	
BUSINESS					
BUSINESS / PERSONAL					
EQUIPMENT LOAN REFERENCE(s)					
EQUIPMENT TO BE PURCHASED					
SUPPLIER Ryan's Equipment, Inc. 111 Quicksilve	er Lane, Edmore MI 4	18829 (P) 989-427-282	29 info@ryansequip.o	com	
TYPE OF EQUIPMENT	NEW / USED	COST OF EQUIPMENT			
undersigned individual, recognizing that his or hents to and authorizes the above named busines umer credit report on the undersigned, now and ction actions to be taken on the account. The unnce of this continuing consent.	ss credit provider and any from time to time, as may	assignee, lender or funding s be needed in the credit evalu	ervice that may be utilized to ation and review process, ar	obtain and use and, if necessary, ar	