

New Horizon Business Services Inc.
 7251 W. Lake Mead Blvd #300
 Las Vegas NV 89128
 Phone: 888-308-7160 Fax: 702-548-5166

REQUESTED AMOUNT: \$

Instructions: Please Print. Complete all sections.

BUSINESS INFORMATION	Please note that you MUST be in business a minimum of 3 years. Meaning you have owned and operated it for those 3 years.
-----------------------------	---

Loan Purpose					
Business Name:			Phone	Fax:	
Business Address:					
City		State	Zip		Industry
Business Entity Sole Prop Partnership LLC Corp State Incorporated					
Fed Tax Id		Duns #	Time In Business		Email
Is any part of this loan for the purchase of equipment? Yes / No		If yes, how much? \$		Equipment type	
Do you currently own equipment? Yes / No		Value \$		Would you be interested in our sale leaseback program? Yes / No	

OWNER INFORMATION			ANNUAL HOUSEHOLD INCOME \$		
Name (First, Last & MI)		SSN		Phone	
Address		City	State	Zip	Years Here

OWNER INFORMATION			ANNUAL HOUSEHOLD INCOME \$		
Name (First, Last & MI)		SSN		Phone	
Address		City	State	Zip	Years Here

BANKING REFERENCES					
Name Of Bank	Phone	Fax	Contact Name	Balance	Acct. Number

COMPARABLE LEASE OR LOAN TRADE REFERENCES					
Name & Address	Phone	Acct. Type	Opened	Balance	Acct. Number

I / We certify that the above information is true and correct and I / we authorize any bank, financial institution, or trade reference to release any information as may be requested by New Horizon Business Services, INC. (NHBS, INC.). I / We also hereby authorize NHBS, INC. to obtain other credit information and relate this information to others as necessary.

Signature(s) _____ Date: _____

Signature(s) _____ Date: _____