

Please complete the following
form and fax it to us.

Fax 303.754.2066



Loan Application			
Business Information			
Company Legal Name & DBA:		Website:	
Federal Tax ID:	Phone:	Fax:	
Billing Address:		Email:	
City:	State:	ZIP Code:	
No. of Years in Business:	Nature of Business:		
I am a:	Borrower	Broker	Other:
Funding Needed:	Immediately	30 Days	60 Days 90+ Days
Personal Information on Majority Stockholder/Owner			
Name:	Home Address:	Social Security No.:	% Ownership:
Title:	Mobile Phone:		
Name:	Home Address:	Social Security No.:	% Ownership:
Title:	Mobile Phone:		
Company Bank References			
Name:	Account No.:	Contact:	Phone:
Name:	Account No.:	Contact:	Phone:
Type of Loan Requested		Loan Amount Requested and Description	
Equipment			
Real Estate			
Working Capital			
Equipment Information (Attach additional information if necessary)			
Equipment Description and Estimated Total Costs:			
Vendor Name:		Contact:	Phone:
Vendor Address:			
City:	State:	ZIP Code:	
Real Estate Loan			
Address:			
Property Type:	Sq. Ft:	Owner Occupied:	YES NO
Authorization			
I certify that the information provided above is accurate and complete. I authorize Dynamic Alternative Finance, and its designee (and any assignee or potential assignee thereof) to obtain information from the references concerning business and personal credit standings.			
Signature:	Print Name:	Date:	
Signature:	Print Name:	Date:	



How will this financing positively impact your business? (i.e. make more money or save money) 250 words or less

Empty response area for the question: "How will this financing positively impact your business? (i.e. make more money or save money) 250 words or less"

Briefly describe intended use of funds 100 words or less

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