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FINANCING APPLICATION

UNIT _____ MONTHLY LEASE _____ # OF PAYMENTS _____

NAME OF BUSINESS _____ FEDERAL TAX IDENTIFICATION # _____
 STREET _____ CITY _____ STATE _____ ZIP CODE _____
 OWNER/MANAGER _____ PRINCIPAL BUSINESS PURPOSE _____ # YEARS IN BUSINESS _____ # OF FULL TIME EMPLOYEES _____
 BUSINESS PHONE _____ MOBILE PHONE _____ FAX NUMBER _____ E-MAIL _____

TYPE OF OWNERSHIP:

CORPORATION: _____ LLC: _____ PROPRIETORSHIP: _____ PARTNERSHIP: _____ FRANCHISE STORE: _____
 STATE OF INCORPORATION: _____

OWNERSHIP INFORMATION					
1.	PRINCIPAL OWNER OR OFFICER	TITLE	HOME ADDRESS - STREET	CITY	
	/ /	-	-	-	-
	HOME PHONE	SOCIAL SECURITY NUMBER	STATE	ZIP CODE	% OF OWNWESHIP
2.	PRINCIPAL OWNER OR OFFICER	TITLE	HOME ADDRESS - STREET	CITY	
	/ /	-	-	-	-
	HOME PHONE	SOCIAL SECURITY NUMBER	STATE	ZIP CODE	% OF OWNWESHIP

THE UNDERSIGNED AUTHORIZES SMART SODA AND ITS FINANCING PARTNER OR ITS AGENT TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR DATA OBTAINED FOR THE PURPOSE OF MAKING A CREDIT DECISION AND FOR SERVICING ANY RESULTING AGREEMENT. THE PARTIES LISTED ABOVE AND ANY THIRD PARTY SUCH AS A CREDIT REPORTING AGENCY ARE HEREBY EXPRESSLY AUTHORIZED BY THE UNDERSIGNED TO RELEASE WHATEVER INFORMATION IS REQUESTED BY SMART SODA OR ITS ASSIGNEE. THE PERSON(S) SIGNING THIS AGREEMENT ON BEHALF OF APPLICANT REPRESENT THAT THEY HAVE THE AUTHORITY TO DO SO AND THAT INFORMATION SUPPLIED BY APPLICANT IN CONNECTION HEREWITH IS NOT MISLEADING OR FALSE.

APPLICANT:

Name + Title

Signature Date