



Please complete application, sign & and return to
NEIF at commercialfinance@neifund.org

If you have any questions or would like to review a
finance proposal, please email us or call (720) 724-7673

Commercial Financing Application

Business Info

*Full Legal Business Name _____ *Phone Number _____

DBA Business Name (if applicable) _____

*Project Street Address _____	*Project City _____	*State _____	*Zip Code _____	*Business Type <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> S Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government / Public School
Primary Corporate Street Address <input type="checkbox"/> Primary Corporate Address Same as Project Address	City _____	State _____	Zip Code _____	
Billing Street Address <input type="checkbox"/> Billing Address Same as Project Address	City _____	State _____	Zip Code _____	

Nature of Business _____ Website _____

of Employees _____ *Yrs in Business _____ *Tax ID Number _____
 Less than 2 Years

Point of Contact Information

*First Name _____ MI _____ *Last Name _____
 *Title _____ *Phone Number _____ *Email _____

Principal/Partner/Officer Information

Same as Primary Point of Contact

First Name _____ MI _____ Last Name _____

Title _____ Phone Number _____ Email _____

* Red asterisk indicates a required field



Project Information

*Equipment Description
(select all that apply)

- Lighting
- HVAC
- Motor/pumps/drives
- Controls
- Other _____

*Total Financed Amount
Requested

Is sales tax included in total
cost?

- Yes
- No

*Term Requested

- 1 year - 12 months
- 2 years - 24 months
- 3 years - 36 months
- 4 years - 48 months
- 5 years - 60 months
- 6 years - 72 months
- 7 years - 84 months

Contractor Information

*Contractor Company Name

Phone Number

Email

Street Address

City

State

Zip Code

Signature

* I agree

- Check to certify that you are applying for credit for a business purpose and not for personal, family, or household purposes.

* Red asterisk indicates a required field

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION (BUSINESS CREDIT) If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact NEIF Commercial Energy Finance or one of its affiliates within 60 days from the date you are notified of the credit decision. We will send you a written statement of reasons for the denial of credit within 30 days of receiving your request for the statement.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the credit is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. This page contains a notice required under the Equal Credit Opportunity Act. The Lessee is entitled to receive and retain a copy of this notice. When an application for business credit is made solely by telephone, compliance with the notice requirements may be satisfied by oral disclosure of the applicant's right to a statement of the reasons for a denial of credit.

Review NEIF's Privacy Policy at www.neifund.org/privacy-policy