



CREDIT APPLICATION

ALL FIELDS MUST BE FILLED OUT IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

Account Rep. _____ Date _____

► BUSINESS INFORMATION

Business Name _____

Business Address _____ Floor/Suite _____

City _____ State _____ Zip _____ Phone _____

Type of Business _____ Federal Tax # _____

Time in Business Under Current Ownership _____

► EQUIPMENT

Vendor _____ Contact _____

Vendor Address _____ Floor/Suite _____

City _____ State _____ Zip _____ Phone _____

Equipment Type: New Used Amount \$ _____ Buyout Options: \$1 10% FMV

Type of Equipment _____ Term (MONTHS): 24 36 48 60

Equipment Description _____

► BANK INFORMATION

Bank Name _____ Branch _____

Phone _____ Bank Officer _____

Business Checking Account # _____ Loan Account # _____

► TRADES

Supplier _____

Contact _____ Phone _____

Supplier _____

Contact _____ Phone _____

► BUSINESS OWNERSHIP

Sole Owner Partnership Corporation LLC LLP Other

Name _____ Title _____

Social Security # _____ % of Ownership _____

Home Address _____ Floor/Suite _____

City _____ State _____ Zip _____ Phone _____

Name _____ Title _____

Social Security # _____ % of Ownership _____

Home Address _____ Floor/Suite _____

City _____ State _____ Zip _____ Phone _____

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

Signature X _____ Date _____

Signature X _____ Date _____