



# 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 and any assignee, lender or funding service 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 \_\_\_\_\_