

# Credit Application

Questions: 888.344.2920 x26

## Your Business Information

- Check one:  
 Corporation  
 S Corporation  
 Partnership  
 Limited Liability Corp  
 Proprietorship  
 Not-for-profit  
 State/local Government

Legal Business Name			Trade Name		
Primary Contact Name			Contact Email		
Street Address		City	State	Zip	County
Phone / extn	Fax	Email	State of Incorporation	Date of Inc.	
Years in Business	No. of Employees	Federal Tax ID #	Nature of Business (please be specific)		Business web address

## Principals' Information

Owner's Full Legal Name		Social Security #	Home Phone	Percentage of Business Owned	
Home Street Address		City	State	Zip	Cell Phone Number
Owner's Full Legal Name		Social Security #	Home Phone	Percentage of Business Owned	
Home Street Address		City	State	Zip	Cell Phone Number

## Bank References

Bank Office	Phone Number	Contact
Account Type	Account Number	

## Loan, Lease or Trade References

Company Name	Phone Number	Account Number
Company Name	Phone Number	Account Number

## Landlord Information

Landlord's Name	Phone Number	Fax Number	
Landlord's Street Address	City	State	Zip

## Equipment Vendor

*(if selected)*

Vendor					
Street Address		City	State	Zip	County
Phone	Fax	Contact Name			

## Equipment Pricing

*Use additional pages as needed*

Quantity, Description (include brand, model, size, features, accessories, and options)	Pricing
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The undersigned individual, recognizing that his or her individual credit history may be a factor in 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. 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 Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_