



## CREDIT APPLICATION

### COMPANY INFORMATION

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ CITY / STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
 CORPORATION [ ] PARTNERSHIP [ ] SOLE-PROP [ ] NON-PROFIT [ ]

### PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

### COMPANY BANK REFERENCES

NAME OF BANK #1 \_\_\_\_\_ OPENING DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ CONTACT/OFFICER \_\_\_\_\_

NAME OF BANK #2 \_\_\_\_\_ OPENING DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ CONTACT/OFFICER \_\_\_\_\_

### TRADE REFERENCES

NAME OF SUPPLIER #1 \_\_\_\_\_ CITY/STATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_

NAME OF SUPPLIER #2 \_\_\_\_\_ CITY/STATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_

### DECLARATION / AUTHORIZATION

The undersign agrees that the information provided above, together with any financial statements, schedules or other materials provided is true correct and complete. The undersign authorizes us to obtain the credit history of the undersigned and the officers and principals of the Company and to investigate (directly or indirectly) such credit history from any source. The undersign warrants that he or she has never filed for bankruptcy in a personal or business capacity.

APPLICANT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

### VENDOR INFORMATION

VENDOR NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ CONTACT \_\_\_\_\_

EQUIPMENT DESCRIPTION \_\_\_\_\_ EQUIPMENT COST \_\_\_\_\_