

CREDIT APPLICATION



	Total Equipment Cost:		Down Payment:		Finance Amount:			
Desired Term:								
Equipment Descrip	tion:							
Vendor Name				Vendor Payment Terms				
Rep	Rep			Delivery Date				
Phone	Phone			Physical Location of Equipment				
Email				Progress Payment				
Company _								
Company Legal Nai	me			Trade Name (dba)				
Street			City	State	Zip	County		
		Fax		Website	E	ntity Type		
						INS #		
Ownership Since _			Fiscal Year End		Ta:	x Exempt?		
Email Business Site Locat			Main Phone		Ext	Cell		
Ownership								
	First		Last			Title		
Email			Main Phone _		Ext	Cell		
Birthdate		Ownership %	Socia	l Security #				
Authorized Signer		Home Street Address						
City			State	Zip	Co	untry		
	First		Last			Title		
2. Salutation			Main Phone		Ext	Cell		
2. Salutation		Ownership %	Socia	l Security #				
Email								
EmailBirthdate		Home Street Address						
EmailBirthdate		Home Street Address	State	Zip	Co	untry		
Email	-		State			untry Title		
Email	First		Last Main Phone					
Email	First		Last Main Phone Socia			Title		







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F	Bank						
	Bank Name	Bank Ad	Bank Address Fax		Account No		
	Bank Phone	Fax _			Ext		
	Officer Name		Officer Email		Officer Cell		
F	Insurance						
	Insurance Company N	Name	Insura	nce Agency		Policy No	
	Agent	Email			Direct Phone & Ext		
	Cell	Fax	Insurance Ad	ddress			
F	Authorization						
	and its principals a affiliates of Credito with the Applicant individuals; and (3) All the information submits a new wr	arantor, or obligor: (1) to obtout and such individuals listed and ors' or its' assignees, as well at or its principals and such it to share collection information in this Application is true, litten application. Creditors of ces, in and pursuant to the testers.	d to make inquiries in control of the second of the condition of the condition of the condition of the complete and correct. The condition of	onnection with th itors, bureaus, and a and to use such such individuals of This Application commitments to e	is Application; (2) to share sud persons who have or expect a shared information to mare other creditors. will apply to any future requested credit except in final	uch credit information with the to have financial dealings ket to Applicant and such uest, unless the Applicant signed documents and, in	n n t
	X. Name Title Date	Signature of Each Owner		X. Name Title Date	Signature of Each Owi	ner	
		x	Signature of Eac	ch Owner			
		Name					
		Title _					
		Date					

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The Applicant hereby represents and warrants that, if an individual, the Applicant is a citizen or lawful permanent resident of the United States. The person signing below on behalf of Applicant and such individuals listed above are authorized to make this Application on its behalf and to agree to the foregoing, and also has the authority to act for Applicant's principals, co-owners, and individuals listed above, in instructing Creditors and its agents and/or assignees to obtain credit reports on them.





513-373-4991 **0**