



The size of success.™

Fax To: 516-908-4807

Questions? Contact Glenn Spiller: 516-446-6675

CREDIT APPLICATION

LESSEE

Legal Business Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Fax _____

Contact _____ Years in Business _____ State of Incorp. _____

Prop Corp Ptshp Federal Tax ID# _____

OWNER INFORMATION

Officer Name _____ Title _____

Home Address _____ SS# _____

City _____ State _____ Zip _____ % of Ownership _____

Home Phone _____ Email Address _____

Officer Name _____ Title _____

Home Address _____ SS# _____

City _____ State _____ Zip _____ % of Ownership _____

Home Phone _____ Email Address _____

VENDOR _____ Contact _____ Phone _____

Equipment _____

Cost \$ _____ Term 36 48 60

BANK Bank should be at least 2 years old, if less, please supply previous bank reference

Bank _____ Contact _____

Account # - Business Checking _____ Phone _____

Other Banking Reference _____

TRADES

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

The undersigned individual, recognizing that his/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 on this continuing consent.

Authorized Signature: _____ Printed Name: _____