

To:



Phone: 414.747.7256
Fax: 414.747.7283

Application For Credit

Date _____

EQUIPMENT _____ **SALE PRICE** _____

Business Name _____ Business Entity Corporation Partner Proprietor

Type Of Business _____ Federal ID # _____ Year Started _____

Phone # _____ Cell # _____ Fax # _____

Mailing Address _____ Email _____

City • State • Zip _____

CREDIT INFORMATION (Bank, Savings & Loan, Finance Company)

Name Of Financial Institution (Business Checking) _____ Branch _____ Account Number _____

Contact Name _____ Phone Number _____ Fax Number _____

TRADE REFERENCES/SUPPLIERS

	Phone # / Fax #	Contact
1) Name _____	_____	_____
2) Name _____	_____	_____

OTHER EQUIPMENT FINANCED (Open Or Paid Off)

	Phone # / Fax #	Contact
1) Name _____	_____	_____
2) Name _____	_____	_____

PRINCIPAL INFORMATION (Required)

PARTNER OR SPOUSE INFORMATION

Name _____	Name _____
Social Security # _____	Social Security # _____
Date Of Birth _____	Date Of Birth _____
Address _____	Address _____
City • State • Zip _____	City • State • Zip _____

AUTHORIZATION FOR RELEASE

For the purpose of securing financing, I authorize all deposit and borrowing information to be released by telephone or fax.

Individual Name (Please Print) _____	Partner Or Spouse Name (Please Print) _____
Signature _____ Date _____	Signature _____ Date _____