



BUSINESS INFORMATION	Legal Business Name			DBA Name (if applicable)		
	Business Street Address/City/State/Zip Code					
	Corporation Proprietorship	Partnership Other _____	LLC	State of Incorporation	# of Employees	Federal Tax ID #
	Type of Business (Industry)					Years in Business (Current Ownership)
	Primary Contact			Phone No.	Email Address	

OWNERSHIP INFORMATION	First Owner's Full Name		Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code			Home Rent Own	Birth Date (Mo/Day/Yr)
	E-mail Address		Home Phone No.	U.S. Citizen Yes No	Cell Phone No.
	Second Owner's Full Name		Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code			Home Rent Own	Birth Date (Mo/Day/Yr)
	E-mail Address		Home Phone No.	U.S. Citizen Yes No	Cell Phone No.

TERMS	Finance Options (check box)	24 Months	36 Months	48 Months	60 Months	Other_____
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Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or assigns, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

X	_____	_____	_____
Signature	Signer's Printed Name	Date	
X	_____	_____	_____
Signature	Signer's Printed Name	Date	