ASSETS BUILDERS

Phone: 800-820-7461 Fax: 301-934-1788

CREDIT APPLICATION

Company Information

Business Name:		Nature of Business:	Years in Business:
D/B/A:		Phone No. *(Area Code)*:	Contact Person:
Address:	City:	State:	Zip:
Company Web Site *(URL)* Address:		E-mail Address:	Fax No. *(Area Code)*:

❑ Corporation	❑ Proprietorship	Date of Incorporation:	State of Incorporation:	Federal Tax ID No.:	D&B Account No.:
❑ Partnership	❑ LLC ❑ LLP				

Banking Information ▶ Please Attach Copies of Last Three (3) Months of Bank Statements

Bank Name:	Account Number:	❑ Checking	❑ Line of Credit
		❑ Savings	❑ CD
Address:	Phone No. *(Area Code)*:	Contact Person:	

Trade References Please Provide Three (3) Business Credit References

Creditor 1:	Account #	Phone No. *(Area Code)*:	Contact Person:
Creditor 2:	Account #	Phone No. *(Area Code)*:	Contact Person:
Creditor 3:	Account #	Phone No. *(Area Code)*:	Contact Person:

1- Officer / Owner Information

Name:		Title:	% of Ownership:
Address: ❑ Own ❑ Rent	City:	State: Zip:	Years at Residence:
Home Phone No. *(Area Code)*:	Social Security #	Date of Birth:	Annual Income: $

2- Officer / Owner Information Attach Additional Sheet if Necessary

Name:		Title:	% of Ownership:
Address: ❑ Own ❑ Rent	City:	State: Zip:	Years at Residence:
Home Phone No. *(Area Code)*:	Social Security #	Date of Birth:	Annual Income: $

Everything that I have stated in this application is correct to the best of my knowledge. I am informed that you may request a consumer report (credit report) in connection with this application and that if I ask you, you will inform me if such report was requested and provide me the name and address of the consumer reporting agency that furnished the report. I am also informed that subsequent consumer or business reports may be requested or used in connection with any up-date, renewal or extension of the credit applied for. I authorize you to obtain such report, check my employment and verify any or all information furnished by me on this application.

X _____ _____

Applicant Signature (1) & Title **Date**

X _____ _____

Applicant Signature (2) & Title **Date**

Equipment Information ❑ NEW ❑ USED

Year:	Make:	Model:	Type:

Equipment Cost	Cash Down:	Sales Tax %	Term:
$	$		*Months*