

CREDIT APPLICATION

PLEASE PRINT ALL INFORMATION				BROKER:	<u>: </u>	
LESSEE COMPANY INFORM	MATION					
Company Name					Federal Ta	ax I.D. Number
Company Address	City			County	State	Zip
Contact	Title			Telephone Number	er	
Nature of Business	Type of Business: Non-Pr	rofit Prop	orietorship	Partnership Co	Corporation	Business Started
PERSONAL INFORMATION	ON OFFICERS, PART	NERS, OR	G <u>UAR</u>	ANTORS		
Name		Title			Social Secu	urity Number
Home Address	City	State	Zip	How Long?	Home Pho	one Number
Previous Address	City	State	Zip		Percent of	Business Owned
Name		Title			Social Secu	urity Number
Home Address	City	State	Zip	How Long?	Home Pho	one Number
Previous Address	City	State	Zip		Percent of	Business Owned
EQUIPMENT INFORMA	ATION					,
Supplier		uct Description	on (manufa	acturer, model, seria	al number); atta	ached separate list if necessary)
Address						
City, State, Zip				-		
Contact/Telephone Number				-	Tota	al Cost
COMPANY BANK INFORMA	ATION – TWO YEAR H	ISTORY_				
Name of Bank/Branch		Chkg. Acct. #	#	Telepl	phone No.	Contact Officer
Name of Bank/Branch	How Long? Loan Acct.	Chkg. Acct. #	#	Telepl	ohone No.	Contact Officer
Name of Bank/Branch	How Long? Loan Acct.	Chkg. Acct. #	#	Telepl	phone No.	Contact Officer
TRADE REFERENCES – TW	VO YEAR HISTORY					
Name of Supplier	City / State			Telephone No.		Contact Person
Name of Supplier	City / State			Telephone No.	ı	Contact Person
Name of Supplier	City / State			Telephone No.	1	Contact Person
LEASE REFERENCE						
Name of Lessor	City / State			Telephone No.		Contact Person
Insurance Company	City / State			Telephone No.	(Contact Person
Applicant authorizes the release of and trade accounts to Beacon Finar Authorization is granted to use pho	ncial Ltd., and/or any of its a	assigns. Appl	olicant war	rrants that the infor		dit reports, loan, lease, checking, saving, d above is true and correct.
Signature: X				Date	ie:	