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CREDIT APPLICATION

CORPORATE NAME:				
DBA NAME:				
EQUIPMENT ADDRESS	CITY	STATE	ZIP CODE	
MAILING ADDRESS IF DIFFERENT FROM ABOVE	СПҮ	STATE	ZIP CODE	
BUSINESS PHONE NUMBER	FAX NUMBER		CELL PHONE NUMBER	
TYPE OF BUSINESS/INDUSTRY FEDERAL	ID NUMBER	DATE BUSINESS STARTED U	INDER CURRENT PRESIDENT/OWNER	
WEB SITE ADDRESS	EM.	IL ADDRESS		
BUSINESS (CIRCLE ONE): CORPORATION	LIMITED LIABILITY	PARTNERSHIP	PROPRIETORSHIP	
PERSONAL INFORMATION ON OWNER(S):				
NAME	NAME			
ADDRESS	ADDRESS _	ADDRESS		
CITY, STATE, ZIP	CITY, STATE, ZIP			
SOCIAL SECURITY #	SOCIAL SECURITY #			
% OF OWNERSHIP	% OF OWNE	% OF OWNERSHIP		
BUSINESS TITLE:	BUSINESS TITLE:			
HOME PHONE #	HOME PHONE #			
VENDOR & EQUIPMENT INFORMATION: (who				
SELLER'S BUSINESS NAME				
CONTACT	PHONE #		****	
EQUIPMENT				
	(WITHOUT TAX) TERM IF USED, AGE OF EQUIPMENT: (24MOS, 36MOS, 48MOS OR 60MOS)			
NOTICE TO ALL BUSINESS APPLICANTS: IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU I LIC WITHIN 40 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SIND YOU A PROBERTS CREDITIOSS FROM DISCRIDINATION AGAINST CREDIT APPLICANTS ON THE BASES OF RACE, LAW CONCERNS OF THIS CREDITION IS THE FEBRUAR TABLE COMMESSION. EQUAL OPPORTENTITY, WE NOW-RESUNDABLE DOCUMENTATION FEE REQUIRED AT THE TIME OF LEASE SIGNING, IF FOR MAY REA MAD SUCH AMOUNT IS TILLY EASTED BY PERMONDOC CAPITAL.	NT HAS IN GOOD PAITH EXERCISED ANY RIGHT UNDER THE C HINGTON, D.C. TO SECURE THIS LEASE, LESSEE AGREES TO PA	ONSUMER CREDIT PROTECTION ACT, THE FEDE NY TO FERNWOOD CAPITAL THE ADVANCE PAVI	RAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS MENT AND/OR SECURITY DEPOSIT AMOUNT ALONG WITH A	
By signing below, each undersigned individual, as a principal of and/or guarantor f other information as provided by national credit bureaus, banks and third parties, as the purpose of any update, renewal, extension or on future credit submissions to the deemed valid as the original.	s Lessor in its sole discretion shall deem necessary	 Such review shall be made for the pre- 	urpose of considering this Application and for	
DATE,SIGNATURE: X				

 $_{_}$ signature: ${
m X}_{_}$