

# CREDIT APPLICATION

LESSEE CO./DBA \_\_\_\_\_

STREET \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSTALLATION ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ LEASE SIGNOR/TITLE \_\_\_\_\_

LESSEE IS: ( ) CORP. ( ) PARTNERSHIP ( ) SOLE PROPRIETOR FED I.D. # \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ YEARS UNDER CURRENT OWNERSHIP \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

HAS PRINCIPAL OR COMPANY FILED BANKRUPTCY IN THE LAST 10 YEARS? ( ) YES ( ) NO

## PRINCIPAL(S) OR GUARANTOR(S)

(NAME) (TITLE/%OWNERSHIP) (HOME ADDRESS & PHONE) (DATE OF BIRTH) (SOCIAL SECURITY #)

(NAME) (TITLE/%OWNERSHIP) (HOME ADDRESS & PHONE) (DATE OF BIRTH) (SOCIAL SECURITY #)

## BANK REFERENCES (NEED AT LEAST 2 YEAR HISTORY. PLEASE)

(NAME) (PHONE) (ACCOUNT NUMBER/TYPE) (DATE OPENED) (CONTACT NAME)

(NAME) (PHONE) (ACCOUNT NUMBER/TYPE) (DATE OPENED) (CONTACT NAME)

LOAN HISTORY PAST OR PRESENT \_\_\_\_\_ (BANK) (PHONE) (LOAN NUMBER) (AMOUNT)

## TRADE REFERENCES

(CO. NAME) (CITY, STATE) (PHONE) (CONTACT NAME) (ACCT. #)

(CO. NAME) (CITY, STATE) (PHONE) (CONTACT NAME) (ACCT. #)

(CO. NAME) (CITY, STATE) (PHONE) (CONTACT NAME) (ACCT. #)

**CREDIT RELEASE:** I hereby authorize the release of all credit information to and consent to the obtaining and use of my consumer credit report by any agency involved in securing funds for the above company, their designee, assigns/potential assigns at anytime, for obtaining credit, and applicable account maintenance. I understand that this information may be transmitted via Internet and/or fax machine. I consent to the photocopying of my drivers license for verification purposes in connection with a commercial lease transaction. I also consent to receiving unsolicited faxes and emails wherein the involved agency will advocate its services. The Patriot Act now requires Date of Birth.

X \_\_\_\_\_

APPLICANTS SIGNATURE

X \_\_\_\_\_

APPLICANTS SIGNATURE

DESCRIPTION OF EQUIPMENT

EQUIPMENT COST \_\_\_\_\_ TERM \_\_\_\_\_ MONTHS PURCHASE OPTION \_\_\_\_\_ #ADV PYMTS \_\_\_\_\_

VENDOR \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

**FAX APPLICATION TO KEY CREDIT CORP. 800-261-7826, VOICE 800-344-9922**

555 Sun Valley Dr., Suite N-1, Roswell, GA 30076, Website: [www.keycreditcorp.com](http://www.keycreditcorp.com) Email: info@keycreditcorp.com