



CREDIT APPLICATION

892 Hicksville Road, Massapequa, NY 11758 Tel: 516.799.9191 Fax: 516.799.9193

Business			
Name of Business		Tax ID:	Opening Date:
Business Address:			
Owner Name:		Owner Name:	
Owner Name:		Owner Name:	
Telephone Number:	State of Incorporation:	Website:	

Business 2			
Name of Business		Tax ID:	Date Opened:
Business Address:			
Owner Name:	% Ownership:	Owner Name:	% Ownership
Owner Name:	% Ownership:	Owner Name:	% Ownership
Lender Name:	Orig. Amount/ Term:	Payment:	Remaining Balance:

Business 3			
Name of Business		Tax ID:	Date Opened:
Business Address:			
Owner Name:	% Ownership:	Owner Name:	% Ownership
Owner Name:	% Ownership:	Owner Name:	% Ownership
Lender Name:	Orig. Amount/ Term:	Payment:	Remaining Balance:

Business 4			
Name of Business		Tax ID:	Date Opened:
Business Address:			
Owner Name:	% Ownership:	Owner Name:	% Ownership
Owner Name:	% Ownership:	Owner Name:	% Ownership
Lender Name:	Orig. Amount/ Term:	Payment:	Remaining Balance:

Personal Guarantor

Name:	% Owned	Social Security #:
Address:		Telephone Number:
Signature: _____		
Name:	% Owned	Social Security #:
Address:		Telephone Number:
Signature: _____		
Name:	% Owned	Social Security #:
Address:		Telephone Number:
Signature: _____		
Name:	% Owned	Social Security #:
Address:		Telephone Number:
Signature: _____		

Equipment

Vendor Name	Contact:	Telephone:
Business Address:		E-Mail:
Vendor Name	Contact:	Telephone:
Business Address:		E-Mail:
Type of Equipment:		
List additional on sep	page.	

Pricing

Down Payment (if any):	Balance:	
Requested Amount to Finance:		Term:
Payments in Advance:		

Name _____ Date _____
X _____
Signature _____

By signing this application, the individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instructions to (broker) or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau or any bank or trade references. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original.

By signature above, I / we affirm my/our identity as the respective individual/s identified in the application received..