

Credit Application

BUSINESS NAME _____

BUSINESS ADDRESS _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

WEB SITE ADDRESS _____ E-MAIL _____

TELEPHONE _____ FAX _____ CONTACT _____

NATURE OF BUSINESS _____ YRS. IN BUSINESS _____

PROP. ___ CORP. ___ PARTNERSHIP ___ STATE _____ COUNTY _____

PRESIDENT/OWNER _____ % OF OWNERSHIP _____

HOME ADDRESS _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY # _____ TELEPHONE NUMBER _____

V.P./PARTNER _____ % OF OWNERSHIP _____

HOME ADDRESS _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY # _____ TELEPHONE NUMBER _____

BANK _____ BRANCH _____

TELEPHONE _____ ACCOUNT # _____

OFFICER _____ CHECKING ___ LOAN ___ SAVINGS ___

TRADE REFERENCES _____ PHONE # _____

TRADE REFERENCES _____ PHONE # _____

TRADE REFERENCES _____ PHONE # _____

EQUIPMENT VENDOR _____ TELEPHONE _____ CONTACT _____

EQUIPMENT SELLING PRICE _____ EQUIPMENT DESCRIPTION _____

By signing below, the undersigned, which is either a principal of the applicant or a personal guarantor of it's obligations, provides written instruction to Springs Financial Services Inc. or it's assigns authorizing review of his/her personal credit bureau. Such authorization shall extend to obtaining a credit file in considering this application for reviewing or collecting the resulting account. A Photostat or Facsimile copy of this authorization shall be valid as the original. By signature I affirm my identity as the individual identified in this application.

SIGNATURE _____ DATE _____