



**Credit Application**

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(STREET) (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 \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

V.P./PARTNER \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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 \_\_\_\_\_