

*confidential* **CREDIT**  
**APPLICATION**

**BUSINESS INFORMATION**

Company Legal Name		Business Phone	Business Fax	
Street Address		City	State	ZIP
Type of Business	S Corp <input type="checkbox"/>	C Corp <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLC <input type="checkbox"/>
Sole Proprietor <input type="checkbox"/>		Municipality <input type="checkbox"/>	Nonprofit <input type="checkbox"/>	Years Under Same Ownership
Date of Incorporation/ Organization	Federal I. D. Number		Any bankruptcies past 10 years?	

**PERSONAL INFORMATION**

Owner/Primary Contact		Title		SSN
Ownership %age	Home Phone	Business Phone	Alt. Phone	E-mail
Home Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	How long?	City
				State
				ZIP
Owner/Additional Contact		Title		SSN
Ownership %age	Home Phone	Business Phone	Alt. Phone	E-mail
Home Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	How long?	City
				State
				ZIP
Bank reference	Address		Officer	Phone
Account under the name of	Checking account #		Savings account #	Lozn account #
Trade references	Company	Address		Contact
	Company	Address		Contact
				Phone

**EQUIPMENT INFORMATION (where applicable) Please attach quote where available.**

Vendor	Est. Delivery Date		Contact	
Address		City	State	ZIP
				Phone
Equipment description		Cost	Requested terms	
Insurance agent (if known)		Phone	Fax	
Location where equipment will be used	business <input type="checkbox"/> home <input type="checkbox"/>	Street Address		City
			State	ZIP

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit line extended the applicant, hereby consents to and authorizes Union Commerce Financial and any of its assignees, lenders, or funding services that may be utilized to obtain and use a consumer credit report of the undersigned, now and from time to time, as may be needed in the credit evaluation and review process, and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. Furthermore, the undersigned authorizes all parties and agrees to release any credit/financial information requested as part of said inquiry.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_