

COMMERCIAL CREDIT APPLICATION

Please Complete and Fax to Dealer Support at (972)-481-9429

Dealer Name: _____
(your company name, not the customers)

Dealer Fax: _____
(all responses will be faxed to this #)

Business: (customer information only)

Full Legal Name of Business: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Location of Equipment: _____ City: _____ State: _____ Zip: _____

Type of Business: _____ Age of Business: _____ Contact: _____

Ownership: (please circle one only)

Proprietorship Partnership Corporation LLC Non-Profit Org. Government office

Tax I.D. number _____
(required for Corp. / LLC)

Principal's Name: _____ Title: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Bank References:

Bank Name: _____ Officer: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name on the account: _____

Checking account number: _____ Savings: _____

Trade References:

Co. Name: _____ City: _____ Contact: _____ Phone: _____

Co. Name: _____ City: _____ Contact: _____ Phone: _____

I hereby authorize the release of company and personal credit and financial information to dealer or its assignees.

By: _____ Company Name: _____
(print customer name) (print name of business)

Signature: _____ Date: _____
(customer's signature)