

# CREDIT APPLICATION

## MADISON COMMERCIAL CAPITAL

Date: \_\_\_\_\_

720 Monroe St, Ste C401B, Hoboken, NJ 07030

PHONE: 201-447-0222 EMAIL: app@madisonfin.com

EQUIPMENT:

Total Equipment Cost \$ \_\_\_\_\_

Equipment type (Include Manufacture, Model #, Serial #) Please attach a copy of customer proposal, invoice or Purchase Order

% Soft Costs (i.e. Software, installation, maintenance) \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

Term Desired \_\_\_\_\_ Security Payment \$ \_\_\_\_\_

LESSEE:

Name of Lessee (Include DBA , if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Address \_\_\_\_\_ Years In Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years @ Present address \_\_\_\_\_

County \_\_\_\_\_ State Sales Tax Rate \_\_\_\_\_% County Sales Tax Rate \_\_\_\_\_%

Authorized Contact Name: \_\_\_\_\_ Contact's Title \_\_\_\_\_

Authorized Signer Name: \_\_\_\_\_ Signer's Title \_\_\_\_\_

(Name of authorized person to sign lease, and to whom any correspondence may be directed)

Federal ID # \_\_\_\_\_ Date/State of Incorporation \_\_\_\_\_

Organizational ID # \_\_\_\_\_

Description of Business \_\_\_\_\_

CHECK ONE BELOW

Corporation	
Non-Profit Corp.	
Partnership	
Proprietorship	
Other	

PRINCIPALS:

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent Or Own \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Rent Or Own \_\_\_\_\_

IF MORE THAN 2 PRINCIPALS, PLEASE LIST ON SEPARATE PAGE.

BANKS:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Business Checking Acct # \_\_\_\_\_ Loan Acct #: \_\_\_\_\_ Savings Acct. # \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Personal Checking Acct # \_\_\_\_\_ Loan Acct #: \_\_\_\_\_ Savings Acct. # \_\_\_\_\_

TRADE  
REFERENCES:

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

**This application must be filled out completely – Please complete other side**

## DECLARATIONS

- ☐ Yes ☐ No Have you ever been sued by a creditor?  
☐ Yes ☐ No Have you ever defaulted on a contract obligation?  
☐ Yes ☐ No Have you ever declared Bankruptcy? Year \_\_\_\_\_  
☐ Yes ☐ No Is your financial capacity sufficient for performance of this obligation?  
☐ Yes ☐ No In the last 12 months, have you made application to any other bank or leasing co. and been rejected?

## FINANCIALS:

Answers to the following questions will help us process your application faster:

	Year-To-Date # of Months	Last Year End Fiscal Year End
SALES	\$ _____	\$ _____
PROFIT	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____
NET WORTH	\$ _____	\$ _____

## ADDITIONAL:

**USE THIS SPACE TO CLARIFY OR EXPAND UPON ANY PART OF THIS APPLICATION**

## AUTHORIZATION:

I hereby certify that all information contained in this application and all attachments hereto, are true and complete to the best of my knowledge, and are made for the purpose of obtaining credit. I authorize MADISON COMMERCIAL CAPITAL to obtain a consumer credit and / or business investigative report on myself and / or my business from whatever source it deems appropriate and I further authorize any of the above references to release credit information to MADISON COMMERCIAL CAPITAL I agree to notify you of any change in the condition of my affairs, and this statement shall be construed by you to be a continuing statement of the conditions of the undersigned until written notice to the contrary is received by you. It is understood that the application shall remain the property of MADISON COMMERCIAL CAPITAL whether or not the lease is granted, and that this constitutes an application only and shall not be binding upon either MADISON COMMERCIAL CAPITAL or the applicant. **This is also an authorization for my bank to release any account information verbally.**

Authorized this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

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

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

**This application must be filled out completely – Return copy by fax and original by Regular Mail**