

Business		Supplier	
Name:		Name:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
Phone Number:	Fax Number:	Phone Number:	
Contact Person:		Fax Number:	
Title:		Sales Representative:	
Email:		Term: <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 months	
Cell Number:	Tax I.D. Number:	Number of Advance Payments: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship		End of Term Purchase Option: <input type="checkbox"/> \$1.00 BO <input type="checkbox"/> 10% PUT <input type="checkbox"/> FMV <input type="checkbox"/> EFA	
Years in Business:	Date Incorporated:	Program: <input type="checkbox"/> Standard <input type="checkbox"/> 90 Day Deferred <input type="checkbox"/> Step Payments	
Equipment Description (if you have a sales quote or invoice from the supplier, please fax it along with this application)			Cost \$
Owner Information <i>Personal Credit - Officers/Partners (if more than two, copy page and complete for each)</i>			
Name (1):		Name (2):	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
Home Phone Number:		Home Phone Number:	
Social Security Number:		Social Security Number:	
Signatures			
Applicant hereby authorizes the release of credit information to our company, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank. If Personal information is provided, by signing below, the undersigned individual(s), provides written instruction to our Univest Capital, Inc., or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. I hereby represent that all of the information contained in this credit application is true, correct and complete.			
Signature (1):		Signature (2):	
Print Name:	Date:	Print Name:	Date:
The signer(s) acknowledge(s) and understand that our company is relying on this information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the signers represents, warrants and certifies that the information provided herein is true, correct and complete and agrees to notify our company immediately of any changes to this information. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Reserve Consumer Help Center, PO Box 1200, Minneapolis, MN 55480.			