



11000 North Scottsdale Rd., #177
 Scottsdale, Arizona 85254

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Toll-Free 800-449-0674

CREDIT APPLICATION

Company:	Years in Business:
Company Address:	
City, State, Zip	
Telephone:	Fax:
Equip. Location: (if diff. from above)	
Contact:	Federal ID#:
Form of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
Business Description:	

Ownership Information		
Name & Title	SS#	Home Address/Phone

Bank References			
Bank Name	Account #	Contact Name	Phone

Trade References (Businesses that extend credit to your business)			
Account Name	Account #	Contact Name	Phone

Equipment (To be Leased)			
Equipment Description:			
Equipment Cost:	New:	Used:	Year:

Vendor		
Name:	Phone:	Fax:
Address:		Contact:

INSURANCE (Commercial insurance is required on leased equipment)		
Agent:	Company:	Phone:

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on 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 Fair Credit Reporting Act in the absence of this continuing consent.

Sign, Title & Date _____