



# CREDIT APPLICATION

Your Manufacturer's Capital Representative

Fax to 866.316.6085

## GENERAL INFORMATION:

Complete Legal Name			Federal Tax ID Number		
Street Address		City	County	State	Zip
Phone	Fax	Website		State of Incorporation	
Contact	Title	Cell	Email		
Business Start Date	Years as Owner	Number of Employees		Tax Exempt (Y/N)	
Last Year-end Sales	Year-to-Date Sales	Current Backlog		Description of Business	

Type of Organization	Finance Type	Term	Please Answer	Yes	No
<input type="checkbox"/> C-Corp	<input type="checkbox"/> \$1.00	<input type="checkbox"/> 36 Months	Has the company declared bankruptcy in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> S-Corp	<input type="checkbox"/> Loan	<input type="checkbox"/> 48 Months	Have any owners declared bankruptcy in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> 10% Balloon	<input type="checkbox"/> 60 Months	Are there any outstanding lawsuits?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Partnership	<input type="checkbox"/> FMV	<input type="checkbox"/> 72 Months	Are there any outstanding tax obligations?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LLC	<input type="checkbox"/> Rental	<input type="checkbox"/> 84 Months			

## OWNERSHIP: (Include anyone that owns 20% or more. Attach separate list if necessary)

Name	Title	Ownership %	Date of Birth	Social Security #	US Citizen (Y/N)
Home Address			City	State	Zip
Name	Title	Ownership %	Date of Birth	Social Security #	US Citizen (Y/N)
Home Address			City	State	Zip

## BANK & LENDER REFERENCES:

Bank Name	Account Type	Account #	Average Balance	Contact	Phone	Fax
Bank Name	Account Type	Account #	Average Balance	Contact	Phone	Fax

## TRADE REFERENCES:

Trade Name	Type of Supplier	City, State	Contact	Phone	Fax
Trade Name	Type of Supplier	City, State	Contact	Phone	Fax

## EQUIPMENT INFORMATION: (Please supply copies of quotes and/or orders)

Manufacturer Name	Model	Description	New/Used (if used, year?)
Equipment Cost	Trade	Down Payment	Estimated Delivery Date
Supplier Name	Contact	Phone	Email
Equipment Location (if different that above)			

**RELEASE:** The undersigned hereby certifies that the information provided in this credit application is accurate and complete, as well as authorizes the release or sharing of any credit or financial information to and between Manufacturers Capital, its agents, assigns, and/or any credit bureau or other investigative agency to investigate the references, statements and/or any other information accompanying this application, including but not limited to consumer credit reports on the undersigned. The undersigned expressly authorizes that the references listed above release requested credit and financial information as part of said investigation. As the undersigned, and an authorized agent of my company, I hereby authorize Manufacturers Capital to execute/file any UCC filing statement on behalf of my company. A copy is valid as an original signature. **(Please provide the authorized signatures for the officers, owners, partners, members, guarantors, etc. that are involved with and/or associated with the information provided in this application and/or the result of its intent.)**

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUAL CREDIT OPPORTUNITY ACT NOTICE:** If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, at the above address within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement. 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 the applicant has the capacity to enter into a binding contract); because all or part of the applicants 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 Trade Commission, Equal Credit Opportunity, Washington DC 20580.