



**Customer Credit Application**

**FAX COMPLETED APPLICATION TO (419) 873-0548**

APPLICANT :		SSN #	
HOME ADDRESS :		CITY :	ST :
		COUNTY :	ZIP :
OWN [ ]	RENT [ ]	HOME PHONE :	CELL PHONE :

**BUSINESS INFORMATION**

BUSINESS NAME :			
BUSINESS ADDRESS ( IF DIFFERENT FROM ABOVE )		CITY :	ST :
		COUNTY :	ZIP :
BUSINESS FORM :	TIME IN BUSINESS :	HAVE YOU EVER FILED	
CORPORATION [ ] SOLE PROPRIETOR [ ]		FOR BANKRUPTCY	
PARTNERSHIP [ ]	TIME DRIVING :	NO [ ] YES [ ] When _____	

**BANK REFERENCE**

NAME OF BANK :	ACCOUNT #
CONTACT NAME :	
PHONE NUMBER :	

**EQUIPMENT INFORMATION**

DESCRIPTION :	AMOUNT \$
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**REPAYMENT TERM OPTIONS ( SELECT ONE )**

36 MONTHS [ ]	24 MONTHS [ ]
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**AUTHORIZATION**

By the signature below , Applicant authorizes the release of any credit information concerning this Application including credit reports, banking, or trade account references to credit granting authority or its assigns. Applicant warrants that the information provided above is true and correct. Authorization is granted to use a fax copy of the application and applicants signature thereon as an original to obtain credit information as deemed reasonable by lender.

Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_ Date : \_\_\_\_\_