



Please return application to:

Attention

Business Credit Application

BUSINESS INFORMATION		FULL LEGAL NAME (Include DBA if applicable)			TELEPHONE		FACSIMILE						
BILLING STREET ADDRESS				CITY		COUNTY		STATE	ZIP				
EQUIPMENT LOCATION (If different from above) STREET ADDRESS				CITY		COUNTY		STATE	ZIP				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP				TAX ID# (Corporations Only)									
YEARS IN BUSINESS		YEARS IN INDUSTRY		BUSINESS DESCRIPTION			SALES LAST YEAR		PROJ. NEXT YEAR	EQUITY			
							\$		\$				
DOWN PAYMENT AVAILABLE			ADDITIONAL COLLATERAL			LANDLORD/MORTGAGOR NAME			TELEPHONE				
\$													
PERSON SIGNING DOCUMENTATION			TITLE		EMAIL ADDRESS			MOBILE #					
HOW DID YOU LEARN ABOUT US?													
WHICH PROMOTIONAL PROGRAM ARE YOU APPLYING FOR?													
OWNER INFORMATION		NAME (Principal/Partner/Officer)				SOCIAL SECURITY NO.		HOME TELEPHONE					
HOME STREET ADDRESS				CITY			STATE		ZIP				
OWNS HOME?		VALUE		MORTGAGE		W-2 LAST YEAR		CONTINUE EMPLOYMENT?		SPOUSE W-2	% OF BUSINESS OWNED		
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		\$			
CO-APPLICANT				SOCIAL SECURITY NO.			HOME TELEPHONE						
HOME STREET ADDRESS				CITY			STATE		ZIP				
OWNS HOME?		VALUE		MORTGAGE		W-2 LAST YEAR		CONTINUE EMPLOYMENT?		SPOUSE W-2	% OF BUSINESS OWNED		
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		\$			
EQUIPMENT TO BE ACQUIRED		TOTAL ESTIMATED EQUIPMENT COST				EQUIPMENT DESCRIPTION (Mfr/Model)			TERM (# of Months)				
		\$											
SUPPLIER NAME					SUPPLIER SALESPERSON			TELEPHONE					
BANK REFERENCES		BUSINESS DEPOSITORY				CITY/STATE		TELEPHONE					
CHECKING ACCOUNT #				BALANCE		CONTACT NAME			SINCE				
				\$									
BUSINESS LOAN/LEASE				CITY/STATE			TELEPHONE						
LOAN/LEASE #				BALANCE		CONTACT NAME			SINCE				
				\$									
BUSINESS LOAN/LEASE				CITY/STATE			TELEPHONE						
LOAN/LEASE#				BALANCE		CONTACT NAME			SINCE				
				\$									
TRADE REFERENCES		NAME		CITY/STATE		ACCT #		TELEPHONE		CONTACT NAME			
1.													
2.													
3.													
4.													
<p>The applicant(s) certifies that all information contained in this application, and all attachments hereto, are true and complete to the best of the applicant(s) knowledge, and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorize CT Financing and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now, from time to time, and at any time in the future, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorize any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) to CT Financing and/or its assigns. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimiled signature shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. A non-refundable documentation fee will be required for the preparation and distribution of contract documents.</p>													
SIGNATURE		<input checked="" type="checkbox"/> APPLICANT				DATE		<input checked="" type="checkbox"/> CO-APPLICANT				DATE	
FOR OFFICE USE ONLY													
EQUIPMENT COST			DP VENDOR		DP CTF		FINANCED AMOUNT			NUMBER OF ADVANCE PAYMENTS			
TERM		RT		MONTHLY PAYMENT			FILING FEE		TAX EXEMPT			<input type="checkbox"/> YES <input type="checkbox"/> NO	
END OF TERM OPTIONS		FMV		FIXED %		FIXED \$		TRADE SHOW/MAG		OTHER			