

STANDARD CREDIT APPLICATION

BUSINESS INFORMATION

BUSINESS NAME		TELEPHONE	
STREET ADDRESS		FAX	
CITY/STATE/ZIP		CONTACT PERSON	
TYPE OF BUSINESS	BUSINESS START DATE	YRS UNDER CURRENT OWNERSHIP	FEDERAL TAX ID#
LANDLORD NAME	PHONE	INSURANCE AGENT NAME	PHONE
PROPRIETORSHIP ___ PARTNERSHIP ___ C-CORP ___ S-CORP ___ LLC ___ NON-PROFIT ___		E-MAIL	
LOCATION OF EQUIPMENT		STATE OF FORMATION	
ANY UNSETTLED LAWSUITS, JUDGMENTS, DISPUTES OR OUTSTANDING TAX OBLIGATIONS? YES ___ NO ___		ANNUAL SALES \$	
BANKRUPTCY EVER FILED BY BUSINESS? YES ___ WHEN? _____ NO ___			

BANK INFORMATION

BANK	CONTACT	PHONE	TYPE	DATE OPENED
BANK	CONTACT	PHONE	TYPE	DATE OPENED

CREDIT REFERENCES

LOAN/LEASING COMPANY		CONTACT		PHONE	
START DATE (MO/YR)	ORIGINAL LOAN/LEASE AMOUNT \$	TERM	MONTHLY PAYMENT \$	ACCOUNT #	
LOAN/LEASING COMPANY		CONTACT		PHONE	
START DATE (MO/YR)	ORIGINAL LOAN/LEASE AMOUNT \$	TERM	MONTHLY PAYMENT \$	ACCOUNT #	

TRADE REFERENCES

COMPANY NAME	CONTACT	PHONE
COMPANY NAME	CONTACT	PHONE

OWNERSHIP/GUARANTOR INFORMATION

FULL NAME		TITLE	% OF OWNERSHIP	SOCIAL SECURITY #	
HOME PHONE	MOBILE PHONE	EMAIL		OWN ___ RENT ___	HOW LONG?
HOME ADDRESS			BIRTH DATE	BANKRUPTCY FILED? YES ___ NO ___	
FULL NAME		TITLE	% OF OWNERSHIP	SOCIAL SECURITY #	
HOME PHONE	MOBILE PHONE	EMAIL		OWN ___ RENT ___	HOW LONG?
HOME ADDRESS			BIRTH DATE	BANKRUPTCY FILED? YES ___ NO ___	

EQUIPMENT INFORMATION *PLEASE ATTACH INVOICE/QUOTE*****

VENDOR	CONTACT	PHONE	FAX
EQUIPMENT		NEW ___ USED ___	PRICE WITHOUT TAX \$

By signing below, the undersigned individual, who is either a principal of the credit applicant and/or a personal guarantor of its obligations, provides written instruction to MBO Enterprises or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. Undersigned further authorizes release of all bank information for personal and corporate accounts by phone or fax. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signed _____

Title _____ Date _____

Signed _____

Title _____ Date _____