

## **CREDIT APPLICATION**

Fax to 866.316.6085

Administered by Manufacturers Capital, LLC

## **GENERAL INFORMATION:**

Complete Legal Name					Federal Tax ID	Number		
Street Address			City	County	State	Zip		
Phone	Fax		Website		State of Incorpo	State of Incorporation		
Contact	Title		Cell		Email			
Business Start Date	Years as Owner		Number of Employees		Tax Exempt (Y/	Tax Exempt (Y/N)		
Last Year-end Sales	Year-to-Date Sales		Current Backlog		Description of E	Description of Business		
Type of Organization	Finance Type	Term	Please Answer			Yes	No	
C-Corp S-Corp Proprietorship Partnership LLC	□ \$1.00 □ Loan □ 10% Balloon □ FMV □ Rental	<ul> <li>☐ 36 Months</li> <li>☐ 48 Months</li> <li>☐ 60 Months</li> <li>☐ 72 Months</li> <li>☐ 84 Months</li> </ul>	Have any owners dee Are there any outstar	clared bankruptcy in the la clared bankruptcy in the la nding lawsuits? nding tax obligations?				
0	WNERSHIP: (Incl	ude anyone that	t owns 20% or more	. Attach separate list	if necessary)			
Name	Title	Ownership %	Date of Birth	Social Security #	US Citizen (Y/N	1)		
Home Address			City		State	Zip		
Name	Title	Ownership %	Date of Birth	Social Security #	US Citizen (Y/N	1)		
Home Address			City		State	Zip		
		BANK &		INCES:				
Bank Name	Account Type	Account #	Average Balance	Contact	Phone	Fax		
Bank Name	Account Type	Account #	Average Balance	Contact	Phone	Fax		
		TR	ADE REFERENCE	S:				
Trade Name	Type of Supplier		City, State	Contact	Phone	Fax		
Trade Name	Type of Supplier		City, State	Contact	Phone	Fax		
	EQUIPMENT	INFORMATION	I: (Please supply co	pies of quotes and/or	r orders)			
Manufacturer Name	Model		Description		New/Used (if us	New/Used (if used, year?)		
Equipment Cost	Trade		Down Payment		Estimated Deliv	Estimated Delivery Date		
Supplier Name	Contact		Phone		Email			
Equipment Location (if diff	erent 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.*)

Ву:	Title:	Date:
Bv:	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.