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COMMERCIAL CREDIT APPLICATION

NAME OF BUSINESS		TIME IN BUSINESS	CONTACT	
HAVE YOU DONE BUSINESS UNDER OTHER NAME _____		DUNS # _____	PHONE NO.	
TYPE OF BUSINESS	E-MAIL ADDRESS	FEDERAL I.D. NO.	FAX NO.	
COMPANY ADDRESS	CITY	COUNTY	STATE	ZIP
HAS ANY OWNER/OFFICER FILED BANKRUPTCY <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN _____ <input type="checkbox"/> CORP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROP. <input type="checkbox"/> LLC ARE YOU A HOMEOWNER <input type="checkbox"/> YES <input type="checkbox"/> NO TAX LIENS <input type="checkbox"/> YES <input type="checkbox"/> NO CHILD SUPPORT OWED <input type="checkbox"/> YES <input type="checkbox"/> NO				

PERSONAL INFORMATION ON OFFICERS / OWNERS / PARTNERS

FULL NAME	TITLE	% OWNED	HOME ADDRESS	SOCIAL SECURITY #
PRINCIPAL #1				
PRINCIPAL #2				
PRINCIPAL #3				
PRINCIPAL #4				

BUSINESS BANK / LOAN / LEASE / TRADE REFERENCES

NAME OF BANK	CITY / STATE	PHONE NO.	ACCOUNT NO.
1.			
2.			
3.			

DEALER / SELLER INFORMATION

NAME OF COMPANY		CONTACT		PHONE NO.
ADDRESS		CITY	STATE	ZIP
ASSET INFORMATION	YEAR	MFGE	MODEL	SALES PRICE

CREDIT RELEASE

By signing below, the undersigned individual, who is authorized to sign on behalf of the company, provides written instruction to Empire Financial Group and/or its assignees authorizing review of the credit profile. Such authorization extends to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or addl. credit and for reviewing or collecting the resulting account. By signature below, I affirm my identity as the respective individual/s identified in the above application.

Applicant's Signature X _____ Title _____ Date _____