



(520) 760-6207 Phone
 (520) 760-6208 Fax

COMMERCIAL CREDIT APPLICATION

NAME OF BUSINESS		TIME IN BUSINESS	CONTACT	
HAVE YOU DONE BUSINESS UNDER OTHER NAME <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE PREVIOUS 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				

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.			

DEALER INFORMATION

NAME OF COMPANY	CONTACT	PHONE NO.
ADDRESS	CITY	STATE
	ZIP	FAX NO.

MODEL / YEAR / SERIAL #			
EQUIPMENT COST \$	TERM DESIRED	PURCHASE OPTION	CASH AVAILABLE

CREDIT RELEASE

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 assignee 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 _____