

**CREDIT APPLICATION**

**COMPANY INFORMATION**

COMPANY NAME

COMPANY'S EXACT REGISTERED NAME INCLUDING ANY D.B.A.

MALING ADDRESS CITY COUNTY STATE ZIP

Date of Incorporation/Yrs. Under Present Ownership Contact Person Phone # Fax #

NATURE OF OPERATIONS: SIC CODE:

BUSINESS TYPE (CHECK ONE): [ ] COPR. [ ] PROP. [ ] PRSHP [ ] NON-PROFIT

**INFORMATION ON ALL OFFICERS OR PARTNERS OF THE BUSINESS**

OFFICER'S NAME: SS#: TITLE: OWNERSHIP %

ADDRESS:

HOME PHONE: CELL PHONE: E-MAIL:

OFFICER'S NAME: SS#: TITLE: OWNERSHIP %

ADDRESS:

HOME PHONE: CELL PHONE: E-MAIL:

**EQUIPMENT INFORMATION**

Total Price without tax \$ Requested lease term (months): Description:

Vendor Name & Phone:

**BANK INFORMATION**

BANK NAME: AUTHORIZED CONTACT: PHONE #:

[ ] CHECKING [ ] SAVINGS [ ] LOAN DATE OPEN: ACCT #:

BANK NAME: AUTHORIZED CONTACT: PHONE #:

[ ] CHECKING [ ] SAVINGS [ ] LOAN DATE OPEN: ACCT #:

**LEASE/TRADE REFERENCES**

NAME: CONTACT/ACCT #: PHONE #:

NAME: CONTACT/ACCT #: PHONE #:

NAME: CONTACT/ACCT #: PHONE #:

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 this statement, please contact our Chief Credit Officer, within 60 days from the date you are notified of our decision. We will send a written statement of the reasons for denial within 30 days of receiving your request for our the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications 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 applicant's 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.

The undersigned certifies that the information requested above is accurate. The lessee named above, its owners and principals, and all individuals whose names appear on the application expressly authorize consumer reporting agencies and other persons to furnish credit information to King Commercial Capital, separately or jointly with other creditors or lessor, for use in connection with the Agreement. Lessors and joint users of such information are authorized to receive and exchange credit information and to update such information as appropriate during the term of this Agreement. Information about you may be used for marketing and administrative purposes and shared with our affiliates. However, you may direct us not to share with our affiliates certain information (other than transaction or experience information) about you by writing to us at King Commercial Capital (Please include your social security number).

All lease applications and agreements are subject to approval by King Commercial Corporation. I/We hereby authorize King Commercial Capital to investigate my/our past and present business relationships, banking relationships (personal and business) and credit worthiness and, should I be asked, I will provide financial statements, tax returns or other information necessary to approve this application. I warrant and agree that in the above information, after due independent inquiry, is complete and accurate.

Signature:

Title:

Date: