

King Commercial Capital | Credit Application

413 Cavalcade Court, Fort Wayne, IN 46845

Ph (260) 619-3968 Fax (866) 445-4105

www.kingcommercialcapital.com Email: gking@kingcommercialcapital.com



BUSINESS INFORMATION

Business Name			Telephone			
Street Address			Fax			
City/State/Zip			Contact Person			
Business Type		Business Start Date	Years Under Current Ownership		Fed. Tax I.D.	
Proprietorship		Partnership	C-Corp	S-Corp	LLC	Non-Profit
Location of Equipment (Street/City/State/Zip)					Company's Annual Sales	
Any unsettled lawsuits, judgments, disputes or outstanding tax obligations? Bankruptcy ever filed by business? Yes No When?					Company's Net Worth	

BANK INFORMATION

Bank Name	Contact Person	Contact Phone
Account Number	Account Type	Average Balance

CREDIT REFERENCES

Loan/Leasing Company			Contact Person	Phone
Start Date (Month Year)	Original Loan/Lease Amount	Term	Monthly Payment	Account Number
Loan/Leasing Company			Contact Person	Phone
Start Date (Month Year)	Original Loan/Lease Amount	Term	Monthly Payment	Account Number

TRADE REFERENCES

Company Name	Contact Person	Phone
Company Name	Contact Person	Phone

OWNERSHIP/GUARANTOR INFORMATION

Full Name		Title	% Owned	Social Security Number	
Home Address (Street/City/State/Zip)			Birth Date	Own Rent	Bankruptcy Filed Yes No
Home Phone	Mobile Phone	Email Address			

Full Name		Title	% Owned	Social Security Number	
Home Address (Street/City/State/Zip)			Birth Date	Own Rent	Bankruptcy Filed Yes No
Home Phone	Mobile Phone	Email Address			

EQUIPMENT INFORMATION ***Attach Invoice W/Equipment Description***

Vendor	Contact	Phone	Fax	
Equipment			New Used	Price W/O Tax
Preferred Term	Preferred Lease/Loan Structure	Preferred Advance Payments	Preferred Residual	

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 King Commercial Capital 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