

Commercial Credit Application

Fax to: 847-432-8557

COMPANY INFORMATION					
Business Legal Name:	DBA (if applicable):				
Address/City/State/Zip:	Zip: Phone:				
Contact Name & Title:		Email:		Ce	l:
Federal Tax ID:	Date Unc	Ownership:	# of Employees:		
Industry Type:	Web Address:				
Legal Structure: Sole Prop □			Corporation \square	Municipal \square	
VENDOR, EQUIPMENT, AND FINANCE INFORMATION VENDOR CODE:					
Vendor Name:	_Contact:			Phone:	
Address/Website:					
NEW/USED					\$ FINANCED
EQUIPMENT ADDRESS: (If Different From Company Address)					TERM: (in months)
BANK AND FINANCE REFERENCES					
Bank Name	Account Number		Contact Name		Phone Number
Finance Company	Lease/ Loan #		Contact Name		Phone Number
OWNERS, OFFICERS OR GUARANT	TORS (please sign on s	signature li	ine)		
1. Name:	Title:			Email:	
Social Security #:	% Ownership:			Cell Phone:	
Home Address:				Home Phone:	
Signature X:				Date:	
2. Name:	Title:			Email:	
Social Security #:	% Ownership:			Cell Phone:	
Home Address:					
Signature X:				Date:	
DECLARATION/RELEASE					

DECLARATION/RELEASE

By signing above, the applicant and the Owners/Partners/Members/Guarantors agree as follows:

They certify that all information provided is true, correct and complete and that the property leased or acquired with any credit provided will be used solely for business and commercial purposes. The applicant and the Owners/Partners/Members/Guarantors of the applicant listed above recognize that their individual credit histories may be a factor in the evaluation of the applicant for the credit it is applying for and, thus, authorize Ascentium Capital LLC or its designee to investigate their organizational and personal credit histories. This includes obtaining information from all sources including using their consumer credit reports in the credit evaluation and collection processes, and to update any such information periodically.

