

ELITE FINANCING CREDIT APPLICATION

CUSTOMER NAME (Legal Name)				TAX ID#
MAILING ADDRESS		CITY, STATE, ZIP CODE		COUNTY
PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)		CITY, STATE, ZIP CODE		COUNTY
PHONE #	FAX#	CONTACT	CELL#	E-MAIL

NATURE OF BUSINESS		# OF EMPLOYEES / YEARS IN BUS. / INCORPORATION DATE		

TYPE OF BUSINESS (OR APPLYING AS)				
PROPRIETOR	SUB "S" CORPORATION	"C" CORPORATION	LIMITED LIABILITY CO.	PARTNERSHIP

PRINCIPALS AND OFFICERS OF BUSINESS

NAME	TITLE	SOCIAL SECURITY NUMBER	PERCENT OWNER

BANK REFERENCE

NAME	ACCOUNT #	CONTACT	PHONE#

EQUIPMENT LOANS

NAME	ACCOUNT#	CONTACT	PHONE#

INSURANCE

COMPANY	CONTACT	PHONE#	FAX#

HAVE YOU EVER FILED FOR BANKRUPTCY YES NO HAS A JUDGEMENT EVER BEEN FILED AGAINST YOU YES NO

EQUIPMENT

VENDOR INFORMATION

EQUIPMENT COST:

TERM REQUESTED:

The undersigned certifies that the information requested above is accurate. The Company named above, its owners and/or principals, and all individuals whose names appear on the application expressly authorize consumer reporting agencies and other persons to furnish credit information to Lessor/Secured Party, separately or jointly with other creditors or lessors, for use in connection with this Agreement. Lessors / Secured Parties 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.

SIGNATURE	TITLE	DATE
X		