



1600 Corporate Center ▪ 1600 Golf Road ▪ Suite 220 ▪ Rolling Meadows ▪ IL ▪ 60008
 Phone: (847) 472-6000 Fax: (847) 472-8891

CREDIT APPLICATION

BUSINESS NAME/LESSEE				CONTACT/TITLE	
ADDRESS	CITY	STATE	COUNTY	ZIP	PHONE
NATURE OF BUSINESS				YEARS IN BUSINESS	FED. TAX I.D.
TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> GOVERNMENT AGENCY			STATE OF INCORPORATION		DATE OF INCORPORATION
LOCATION OF EQUIPMENT (IF DIFFERENT THAN ABOVE)				FINANCIAL STATEMENTS PROVIDED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 YEAR(S)	
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY	STATE	ZIP	PHONE	

BANK REFERENCES

BANK	ADDRESS	CITY	STATE	ZIP
OFFICER'S NAME/TITLE	PHONE/FAX	ACCOUNT TYPE	ACCOUNT NUMBER	
BANK	ADDRESS	CITY	STATE	ZIP
OFFICER'S NAME/TITLE	PHONE/FAX	ACCOUNT TYPE	ACCOUNT NUMBER	

TRADE REFERENCES

COMPANY NAME	ADDRESS	CONTACT	PHONE/FAX

TRANSACTION INFORMATION

VENDOR			CONTACT/TITLE	
ADDRESS	CITY	STATE	ZIP	PHONE/FAX
TYPE AGREEMENT (SALE)	LEASE OR NET TERMS	IF LEASE, FREQUENCY OF PAYMENTS		PAYMENT START DATE
TYPE LEASE <input type="checkbox"/> CAPITAL <input type="checkbox"/> FMV	FUNDING DATE	LICENSE DOCUMENTS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		PRODUCT DELIVERY DATE
DESCRIPTION OF EQUIPMENT			SOFTWARE COST \$ _____ HARDWARE \$ _____ TAX \$ _____ SUPPORT \$ _____ TRAINING \$ _____ OTHER \$ _____ TOTAL COST \$ _____	

INFORMATION RELEASE

I hereby certify that the information contained in this application is true and correct to the best of my knowledge, and I authorize Flagstaff Financial Inc and/or nominees or any credit bureau or other investigative agency employed by Flagstaff Financial Inc. to conduct a credit check and investigate the bank and trade references herein listed or statements or other data provided. I understand that the submission of this application does not obligate Flagstaff Financial Inc to extend any form of credit or payment terms.

RELEASE. THIS WILL BE THE AUTHORITY FOR THE ABOVE NOTED BANK AND TRADE REFERENCES TO RELEASE ANY INFORMATION CONCERNING MY PERSONAL OR CORPORATE CREDIT STANDING TO FLAGSTAFF FINANCIAL INC AND/OR ASSIGNS.

SIGNATURE _____ TITLE _____

NAME _____ DATE _____