



### CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Contact:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?		OWN_____	LEASE_____
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account(s)	Account number(s)		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES – TWO YEAR HISTORY			
Company name:		Contact:	
City:		State:	ZIP Code:
Type of account:		Phone:	
Company name:		Contact:	
City:		State:	ZIP Code:
Type of account:		Phone:	
Company name:		Contact:	
City:		State:	ZIP Code:
Type of account:		Phone:	
PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS			
Name:		Title:	DOB:
Address:		City/State/Zip:	
Phone:		SSN:	
Name:		Title:	DOB:
Address:		City/State/Zip:	
Phone:		SSN:	
Name (Spouse):		Title	
DOB:		SSN:	
RELEASE			
<p>This will be your authority and my request to release to the vendor in addition to all affiliated leasing companies, any information they may request concerning my credit and/or money on deposit. This information will be used to obtain financing for the attached referenced surveillance system. I hereby further authorize facsimile and/or photostat copies of this release, and also request that the information be released verbally if necessary to expedite the order.</p>			
SIGNATURE			
Signature:		Date:	