

FLEET REMARKETING SERVICES

877-228-3914

CREDIT APPLICATION

FAX TO 404-675-9286

COMPANY INFORMATION

CONTACT / TITLE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
BUSINESS PHONE: _____
CELL PHONE: _____
FAX: _____ EMAIL: _____
FEDERAL TAX ID: _____
COMPANY TYPE / INDUSTRY: _____
TIME IN BUSINESS: _____ # OF EMPLOYEES: _____
TIME IN BUSINESS UNDER CURRENT OWNERSHIP: _____
BUSINESS TYPE: _____
 PARTNERSHIP S-CORP. SOLE PROP MUNICIPAL
 LLC CORPORATION NON-PROFIT
ANNUAL GROSS INCOME: _____
DO YOU RENT OR OWN YOUR BUSINESS LOCATION: _____
IF RENT, LANDLORD NAME: _____
LANDLORD PHONE: _____

BANK & TRADE REFERENCES

BANK REFERENCE NAME: _____
BANK ACCT NUMBER: _____
BANK PHONE: _____
BANK CONTACT: _____
TRADE REFERENCE NAME: _____
TRADE REFERENCE ACCT NUMBER: _____
TRADE REFERENCE PHONE: _____
TRADE REFERENCE CONTACT: _____

PRINCIPAL OWNER'S INFORMATION

PHONE#: _____ % OWNERSHIP: _____
SOCIAL SECURITY #: _____ BIRTH DATE: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PRINCIPAL II NAME: _____
PHONE#: _____ % OWNERSHIP: _____
SOCIAL SECURITY #: _____ BIRTH DATE: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

EQUIPMENT INFORMATION

EQUIPMENT TYPE: _____
ESTIMATED COST: _____
TIMEFRAME TO PURCHASE: _____
VENDOR: _____

I / We hereby authorize any credit bureau or any other investigative agency to investigate the references herein listed or statements or other data obtained from me / us or from any other person pertaining to my / our credit and financial responsibility.

I / We represent, warrant and affirm that all of the statements made by me / us in this application are true and correct.

Fair Credit Reporting Act disclosure: This application for credit can be submitted to various financial institutions.

Title

Date

Print Name

Driver's License # State

Signature