



CREDIT APPLICATION

BUSINESS INFORMATION		Federal I.D. # _____
Business Name - Complete Legal Name, please. _____		State of Registration _____
How Long in Business _____	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/> Sole Ownership <input type="checkbox"/>
Address _____	Real Estate Owned <input type="checkbox"/>	Rented <input type="checkbox"/>
City _____	Monthly Payments \$ _____	
State/Zip _____	# Vehicles in Fleet _____	
Phone & Fax _____	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>
Billing Address _____	Leased <input type="checkbox"/>	
Contact _____	Monthly Business Payment \$ _____	
Monthly Business Revenue \$ _____		

Principals			
Name _____		Name _____	
Title _____		Title _____	
Residence _____		Residence _____	
Home Phone _____		Home Phone _____	
Date of Birth _____	SS # _____	Date of Birth _____	SS# _____

BANK REFERENCES	
Bank Name _____	Checking Acct # _____
Address _____	Loan Acct # _____
City/State/Zip _____	Savings Acct # _____
Phone _____	Contact person _____
Bank Name _____	Checking Acct # _____
Address _____	Loan Acct # _____
City/State/Zip _____	Savings Acct # _____
Phone _____	Contact person _____

TRADE REFERENCES	
Supplier Name _____	Phone _____
Address _____	Acct # _____
City/State/Zip _____	Contact person _____
Supplier Name _____	Phone _____
Address _____	Acct # _____
City/State/Zip _____	Contact person _____

VEHICLES LEASED/FINANCED WITH WHOM	
Company _____	Contact _____
Phone _____	Account # _____
Term _____	Monthly Payment \$ _____

PRESENT INSURANCE INFORMATION	
Agency _____	Insurance Company _____
Address _____	Policy # _____
Phone _____	Expiration Date _____
Contact _____	

I make this application for a lease finance line of credit and give the above information in order to obtain credit. I authorize Integrity Group US to obtain information concerning any statement made herein and understand that a credit report may be requested in connection with this application and any subsequent update, renewal, or extension of credit. If I request, I will be informed whether or not a credit report was requested and the name and address of the agency that furnished the report. To the best of my knowledge, the information I have provided is true.

Signature _____	Date _____
Name (Please print) _____	Title _____
Jack Santa JackSanta@IntegrityGroupUS.com	Phone: 440-543-4123 Fax: 440-543-4131