

CREDIT APPLICATION

STM

FINANCE AMOUNT:

BUSINESS INFORMATION

Company name:

Business address:

City: **State:** **ZIP Code:**

Phone: **Fax:** **E-mail:**

Business Start Date: **Business Type:** **Tax ID:**

Description of Business:

Financial Information: **Annual Sales:** **Annual Net Income:**

PERSONAL GUARANTOR INFORMATION

PG1 Name: **Social Security Number:**

Address: **Title:**

City: **State:** **Zip:**

Telephone: **E-mail:**

Annual Gross Income: **Net Worth:** **Ownership Percentage:** %

PG2 Name: **Social Security Number:**

Address: **Title:**

City: **State:** **Zip:**

Telephone: **Email:**

Annual Gross Income: **Net Worth:** **Ownership Percentage:** %

BUSINESS BANK REFERENCES

Institution Name: **Contact Name:**

Checking Account Number: **Phone:**

EQUIPMENT/INVENTORY PURCHASE INFORMATION (INFO NOT NEEDED FOR WORKING CAPITAL)

Sales Representative: **Phone:**

Description: **Cost:**

AGREEMENT

To secure financing, the undersigned individual who is either the principal of the credit applicant or a personal guarantor of its obligation, provides written instruction to **Capital Concierges, LLC** (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and authorizes all requested bank and trade information to be released via telephone, fax or email. Such authorization shall extend to updating, renewing, or extending such credit and for reviewing or collecting the resulting account. A photo copy or facsimile copy of this authorization shall be valid as the original.

Signature

Date

Signature

Date