



**MANUFACTURERS FINANCING SERVICES
CREDIT APPLICATION**

Company Name _____ Organized as Sole Proprietorship (*Copy of Driver's License Required*)
 Billing Address _____ Partnership
 City _____ State _____ Zip _____ Standard Corporation
 County _____ Sub Chapter S Corporation
 Contact Person _____ Limited Liability Corporation (*Copy of Articles of
 Organization and LLC Operating Agreement Required*)
 Phone Number _____
 Fax Number _____ If Corporation, fiscal year ends _____
 E-Mail Address _____ Name of Corporate Secretary _____

Enter Equipment Address below **if different** from Billing Address:

OWNER INFORMATION: (If more than two owners, please submit the additional owner information on a blank piece of paper)

Name _____ Name _____
 Home Address _____ Home Address _____
 SSN _____ DOB _____ SSN _____ DOB _____
 Title _____ % of Ownership _____ Title _____ % of Ownership _____

BANK INFORMATION:

Name of Bank	Type/Account Number	Phone Number	Fax Number	Contact Person	Mo. Payment
	Checking <input type="checkbox"/> Loan <input type="checkbox"/> Acct No.:				
	Checking <input type="checkbox"/> Loan <input type="checkbox"/> Acct No.:				

Landlord's Name, Address, Phone# _____
 Commercial Insurance Agent's Name, Address, Phone# (*Equipment financed must be insured during the term of the lease/loan*) _____

How long have you been in business? _____ Federal Tax ID# _____
 Annual Sales _____ Backlog of Orders Currently In-house (in dollar value) _____

By my signature below, I hereby authorize any of the above references to release any credit information requested by MFS and its Agents/Assigns or its designee (and any assignee or potential assignee thereof). MFS and I certify that each individual named on this application has authorized MFS to request, obtain and review his or her personal credit profile from a national credit bureau or otherwise. This application in its entirety, including all authorizations and certifications, shall apply to any future request for financing from MFS, and such authorizations and certifications shall be deemed repeated at such time, unless a new written application is submitted.

Date: _____ Signed By: _____ Title: _____
 Date: _____ Signed By: _____ Title: _____

Please send completed credit application to Gabriel Velazquez
gvelazquez@mfslease.com
 562.234.8895 Phone / 562.942.2657 Fax