



Office 913-780-2525, Fax 800-758-9744

**CREDIT APPLICATION**

Salesman:		Program				
<b>BUSINESS INFORMATION</b>						
Complete Legal Company Name:						
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> MUNICIPALITY <input type="checkbox"/> NON PROFIT						
STREET ADDRESS		CITY		STATE	ZIP CODE	
COUNTY		PHONE #	CELL PHONE #		FAX #	
NATURE OF BUSINESS			OTHER BUSINESS NAMES USED			
FEDERAL I.D. #	DATE BUSINESS STARTED DATE OF INCORPORATION		YEARS UNDER CURRENT OWNERSHIP		D&B #	
<b>OFFICERS/OWNERS/PARTNERS</b>						
NAME #1			NAME #2			
TITLE		%owned	TITLE		%owned	
SPOUSE		%owned	SPOUSE		%owned	
RESIDENCE			RESIDENCE			
HOME PHONE		SOCIAL SECURITY #		HOME PHONE		
				SOCIAL SECURITY #		
HAS ANY OWNER/OFFICER FILED BANKRUPTCY IN THE LAST 10 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES						
<b>BANK REFERENCES</b>						
Bank Name		Phone #	Acct. # (List All)	Contact	Acct. Type	
<b>TRADE REFERENCES</b>						
Company Name		Phone #	Acct. #		Contact	
<b>EQUIPMENT TO BE LEASED</b>						
Qty	New/Used(Age)	Description		Model #	Price (w/o Tax)	Term

**Customer release:** The undersigned authorizes all parties contacted to release credit and financial information requested by Data Edge Solutions or their assigns.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(NOTE: For faster service, please FAX as soon as possible)