



SUMMIT COMMERCIAL FINANCE

TEL: (888) 758-8880
WWW.SUMMITCOMMERCIALFINANCE.COM

Credit Application

Return completed and signed application to:

ATTN: CREDIT DEPARTMENT

FAX: (480) 607-6199

14646 N. KIERLAND BLVD., SUITE 250, SCOTTSDALE, AZ 85254

COMPANY INFORMATION

Legal Company Name					<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> L.L.C.				
Phone		FAX		Federal Tax ID		Time in Business (under current ownership)		# Employees	
Billing Address				Equipment Location (if different than Billing Address)					
City		State	Zip Code	City		State	Zip Code		

PRINCIPALS OR GUARANTORS

Name (Principal/Partner/Owner/Member)		Title		% Ownership	Social Security Number
Billing Address		City/State/Zip		Phone	
Name (Principal/Partner/Owner/Member)		Title		% Ownership	Social Security Number
Billing Address		City/State/Zip		Phone	

Have any of the above Principals/Partners/Owners/Members ever filed bankruptcy? Yes No

REFERENCES

Business Checking (Bank Name)		Phone		FAX		Account Number	
Trade References		Phone		FAX		Account Number	

Choose one and complete the fields below. Loan Reference Lease Reference

Name of Loan/Lease Reference		Phone		FAX		Account Number	
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VENDOR INFORMATION

Vendor Company Name			Phone		Contact Name	
Equipment Cost	Equipment Description				<input type="radio"/> New <input type="radio"/> Used	

DECLARATION/AUTHORIZATION

By signing below, applicant certifies that the above completed information is correct. The undersigned individual as representative for the applicant authorizes Summit Commercial Finance Co. and assigns to check references, bank accounts and Principals/ and or Guarantors' personal credit profiles in considering this application and for the purpose of the update, renewal or extension of credit to the applicant. A fax or photocopy of this authorization shall be valid as the original.

Signature _____

Date _____

Title _____