

VendingTrucks.com

vendingtrucks.com

(732) 969-5400 FAX: (732) 257-0110

CORPORATE INFORMATION:

COMPANY _____

DBA NAME _____

STREET _____

CITY _____ STATE _____

CONTACT _____ ZIP _____

PHONE _____ FAX _____

CORPORATION

PROPRIETORSHIP

PARTNERSHIP

DATE ESTABLISHED _____

TYPE OF BUSINESS _____

FED TAX ID # _____

VENDOR INFORMATION:

VENDOR NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____

FAX # _____

SALES REP _____

EQUIPMENT INFORMATION:

EQUIPMENT COST _____ TERM _____ OPTION _____
(excluding sales tax)

EQUIP. LOCATION _____ COUNTY _____
(if different from above)

EQUIPMENT DESCRIPTION _____
(mfg./make/model)

TRADE REFERENCES: (NO C.O.D. ACCOUNTS, PLEASE)

COMPANY _____ CONTACT _____ PHONE _____

COMPANY _____ CONTACT _____ PHONE _____

COMPANY _____ CONTACT _____ PHONE _____

BANK REFERENCE: (Please provide at least 2 year history)

BANK _____

ACCT. # _____

CONTACT _____

PHONE _____

(if account less than 2 years please provide previous bank information)

CREDIT REFERENCE (LEASE OR LOAN ACCOUNT):

BANK _____

ACCT. # _____

CONTACT _____

PHONE _____

(Provide only if requested amount is over \$50,000.00)

OWNER / STOCKHOLDER INFORMATION:

NAME _____ NAME _____

STREET _____ STREET _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

TITLE _____ SS# _____ TITLE _____ SS# _____

AUTHORIZATION TO RELEASE INFORMATION:

By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written instruction to Frontier Capital LLC., it's assigns or nominees, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in the related application.

APPLICANTS SIGNATURE _____

DATE _____