

CREDIT APPLICATION



**USER INFORMATION**

Legal Name of User: \_\_\_\_\_  
User Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
User Address: \_\_\_\_\_  
County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Description of Business: \_\_\_\_\_  
Years in Business/Date Incorporated: \_\_\_\_\_ State Incorporated: \_\_\_\_\_  
Federal Tax ID#: \_\_\_\_\_ Corporation \_\_\_\_\_ (S or C) Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

**PRINCIPAL INFORMATION**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SS#: \_\_\_\_\_ SS#: \_\_\_\_\_

**EQUIPMENT INFORMATION**

Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Vendor: \_\_\_\_\_ Contact/Phone: \_\_\_\_\_  
Term: \_\_\_\_\_ Model/Type: \_\_\_\_\_  
Equipment Price (w/o tax): \_\_\_\_\_ State Sales Tax: State: \_\_\_\_\_ % County: \_\_\_\_\_ %

**CREDIT INFORMATION**

BANK 1: \_\_\_\_\_ Contact: \_\_\_\_\_  
Checking No: \_\_\_\_\_ Loan No: \_\_\_\_\_ Phone: \_\_\_\_\_  
Trade Reference No. 1: \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Trade Reference No. 2: \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Trade Reference No. 3: \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**BUSINESS INSURANCE**

Agency: \_\_\_\_\_ Policy #: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**ACKNOWLEDGEMENT**

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligation, provides written instruction to National Maintenance Services or its designee (and any assignee or potential assignee thereof) authorizing your banks, trade references and other financial institutions to release credit information to National Maintenance Services and review of your personal credit profile from a national credit bureau as required. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, you affirm your identity as the respective individual(s) identified in the application received. You also represent that the information you have provided is true and accurate.

Business Name: \_\_\_\_\_  
Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_