Credential Leasing & Finance

880 Old Hwy. 92, Dandridge, TN 37725
Ph. 865-484-1594 · Fax 865-484-1280 · Toll Free 888-224-2912

CREDIT APPLICATION

APPLICANT

COMPANY			FEDERAL TAX I.D. NUMBER	
BILLING ADDRESS	CITY	COUNTY	STATE	ZIP

TELEPHONE NO.	FAX NO.	CONTACT PERSON	TITLE

NATURE OF BUSINESS	TYPE OF BUSINESS ☐NON PROFIT ☐PROPRIETORSHIP ☐PARTNERSHIP ☐CORPORATION	NO. OF YEARS IN BUSINESS

WEBSITE	EMAIL	CELL PHONE NO.

DESCRIPTION OF EQUIPMENT:

COST$ DOWN PAYMENT$ REQUESTED TERM

PERSONAL INFORMATION ON OFFFICERS, PARTNERS, OR GUARANTORS

NAME	TITLE	SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE
NAME	TITLE	SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE

BANK REFERENCES

NAME OF BANK/BRANCH	CITY/STATE	CHKG. ACCT.# LOAN ACCT.#	PHONE NO. ( )	CONTACT
NAME OF BANK/BRANCH	CITY/STATE	CHKG. ACCT.# LOAN ACCT.#	PHONE NO. ( )	CONTACT

TRADE/FINANCE/LEASE REFERENCES

NAME OF SUPPLIER	CITY/STATE	ACCT.#	PHONE NO. ( )	CONTACT
NAME OF SUPPLIER	CITY/STATE	ACCT.#	PHONE NO. ( )	CONTACT

CONTRACT OR AGREEMENT INFORMATION UNDER WHICH EQUIPMENT WILL BE OPERATED (IF APPLICABLE)

NAME	CITY/STATE	PHONE	CONTACT

EQUIPMENT SUPPLIER: _____

SALESMAN: _____ PHONE: _____ DATE: _____

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes the firm or person to whom this application is made (or their assignee) and any credit bureau or other investigative agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations provides written instruction to Credential Leasing or its assignee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional 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, I/We affirm my/our Identity as the respective individual/s identified in the above application.

CUSTOMER'S AUTHORIZED SIGNATURE TO RELEASE INFORMATION: _____