



# GENERAL APPLICATION

Please fax completed application to 866-237-5204

### Customer Information:

BUSINESS LEGAL NAME: \_\_\_\_\_ DBA: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 FEDERAL TAX ID: \_\_\_\_\_ TIME IN BUSINESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 BUSINESS TYPE: (PLEASE CHECK ONE)  SOLE PROP  CORP  LLC  PARTNERSHIP

### Bank Information:

NAME OF BANK: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### Trade Information:

NAME OF TRADE: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### Principal Information:

PRINCIPAL 1	PRINCIPAL 2
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
HOME ADDRESS: _____	HOME ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____
SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____

### Equipment Information:

EQUIPMENT DESCRIPTION: \_\_\_\_\_  
 EQUIPMENT LOCATION: \_\_\_\_\_  
 EQUIPMENT TYPE: (CHECK ONE)  NEW  USED EQUIPMENT COST: \$ \_\_\_\_\_  
 TERM DESIRED: (CHECK ONE)  12  24  36  48  60

### Vendor Information:

VENDOR NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_

Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing authorizes American Financial Partners, LLC or any other lending sources to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

#### ECOA NOTICE (TO BE RETAINED BY APPLICANT(S))

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, sex, marital status, age, because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

127 North 3rd Street | Marshall, Minnesota 56258 | Toll Free: 888-AFP-3533 (888-237-3533)

Fax: 866-AFP-5204 (866-237-5204) | Email: info@financewithafp.com

[www.financewithafp.com](http://www.financewithafp.com)