



Finance

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St. Louis, MO 63128
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314.842.7880 fax
www.kingcommercial.com

BUSINESS INFORMATION BUSINESS CREDIT APPLICATION

Legal Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Equipment Location (if different) \_\_\_\_\_ Years in Business \_\_\_\_\_
Company Phone \_\_\_\_\_ Fax \_\_\_\_\_ Business Structure: [ ] Corp. [ ] Partnership [ ] Proprietor [ ] LLC
State of Organization / Incorporation \_\_\_\_\_ Federal ID # \_\_\_\_\_ Website \_\_\_\_\_
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

EQUIPMENT INFORMATION

Vendor \_\_\_\_\_ Sales Rep \_\_\_\_\_ Requested Term: 24, 36, 48, 60 Months (Circle One) Other \_\_\_\_\_
Equipment \_\_\_\_\_ Cost \$ \_\_\_\_\_ [ ] New [ ] Used / Approximate age of equipment: \_\_\_\_\_

PRINCIPAL INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_
Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_
Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Phone # \_\_\_\_\_
Home Address \_\_\_\_\_ Social Security # \_\_\_\_\_

BANK REFERENCES -Depository, Commercial Loans, and Lines of Credit

Bank Name 1 \_\_\_\_\_ Branch Location \_\_\_\_\_ Officer \_\_\_\_\_
Phone # \_\_\_\_\_ Account # \_\_\_\_\_ Type of Account \_\_\_\_\_
Bank Name 2 \_\_\_\_\_ Branch Location \_\_\_\_\_ Officer \_\_\_\_\_
Phone # \_\_\_\_\_ Account # \_\_\_\_\_ Type of Account \_\_\_\_\_

TRADE REFERENCES

Name of Supplier \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_
Name of Supplier \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_
Insurance Name \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_
Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ Contact \_\_\_\_\_

SIGNATURES

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of it obligations, provides written instruction to King Commercial Finance or it designee (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 bank & trade information for 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. I understand that by providing our company's phone/fax numbers, I consent to receive all phone/fax communications sent by or on behalf of King Commercial. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE: X \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_
AUTHORIZED SIGNATURE: X \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Fax completed application to 314.842.7880

Your King Commercial Account Rep is
John Bober
800.995.6604 ext. 108
jbober@kingcommercial.com