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CREDIT APPLICATION
Buffy Hall
b.hall@completecapitalservices.com

BUSINESS INFORMATION

Amount Requested: _____ Equipment: _____ Term Request: _____
Name: _____ DBA: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Cell Phone #: _____
Company Website Address: _____ Contact e-mail address: _____
Type of Business: _____ Corporation _____ Partnership _____ Proprietorship _____ Limited Liability Co:
Years In Business: _____ Fed Tax ID #: _____
Equipment Location: _____

PRINCIPALS: (Include Address & Social Security Number)

(1) Name: _____ Title: _____ Telephone Number: _____ % of Ownership: _____
Address: _____ City: _____ State: _____ Zip: _____ SS#: _____
(2) Name: _____ Title: _____ Telephone Number: _____ % of Ownership: _____
Address: _____ City: _____ State: _____ Zip: _____ SS#: _____

List additional principals on a separate sheet, if necessary.
Are there any prior bankruptcies, suits, judgments or tax liens against the company or any of the principals? Yes or No

BUSINESS BANKING RELATIONS WITH:

Business Bank Name: _____ Account #: _____ Phone #: _____ Contact: _____
Bank Loan Reference: _____ Account#: _____ Phone #: _____ Contact: _____

Applicant hereby authorizes Complete Capital Services ("CCS") and its agents (1) to obtain more credit information about the company and its principals and to make inquiries in connection with this application; (2) To share credit information with CCS affiliates and agents as well as, applicants other creditors, bureaus and persons who have or expect to have financial dealings with the applicant or its principals named above; (3) To share collection information with applicant's other creditors. All the information in this application is true, complete and correct. The persons signing below on behalf of applicant are authorized to make this application on its behalf and to agree to the foregoing.

By: _____ Date: _____
By: _____ Date: _____