



22811 Mack Ave., Suite 203  
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**CREDIT APPLICATION**  
Buffy Hall  
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**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: \_\_\_\_\_