



Money for Growing Business
www.moneysourceinc.com
 253-630-1405



BUILD YOUR NETWORK

Complete, sign and
 e-mail: moneysource@comcast.net

CREDIT APPLICATION

BUSINESS INFORMATION (Minimum 2 years in Business Required)

Business Legal Name:		Time In Business Under Current Ownership:	Federal ID Number
Business Address	City/County	State	Zip
Business Phone Number ()		Business Fax Number ()	
Type Of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation	State of Incorporation:	Type Of Business:	Business Fax Number ()

PRINCIPAL INFORMATION (100% Ownership disclosure required. Principals listed will be required to guaranty lease.)

Name (First-Middle-Last) <i>Please Print</i>	Date of Birth	Title	% Ownership	Social Security Number
Present Address				Home Phone Number ()
Name	Date of Birth	Title	% Ownership	Social Security Number
Present Address				Home Phone Number ()

BANK/CHECKING & SAVINGS (If check acct. less than 2 years; provide previous acct. number/bank)

Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD

EQUIPMENT LOANS/LEASES (Open or Paid)

Firm Name	Phone	Fax	Acct#	High Credit	How Long
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TRADE REFERENCES

Firm Name	Phone	Fax	Acct#	High Credit	How Long
Firm Name	Phone	Fax	Acct#	High Credit	How Long

EQUIPMENT INFORMATION

VENDOR NAME/PHONE NUMBER: _____

EQUIPMENT DESCRIPTION: _____

EQUIPMENT COST: \$ _____ NEW OR USED

WHERE WILL EQUIPMENT BE LOCATED: _____

TERM REQUESTED: 24 MOS 36 MOS 48 MOS 60 MOS PURCHASE OPTION: FMV/10% OR \$1.00

In connection with the above referenced Financing (and any update, extension, modification, renewal or review thereof if such Financing is granted), each of the undersigned hereby authorizes The Money Source, Inc. (TMS) and/or it's assigns to make all inquiries it deems necessary to verify the accuracy of information provided by the undersigned and/or to determine the undersigned's creditworthiness including, without limitation, obtaining consumer and/or business credit reports regarding the undersigned. Each of the undersigned hereby acknowledges that TMS and/or assigns will obtain a consumer credit report concerning them. A Photocopy of this release will act as an original. Date of birth is now required by the Patriot Act.

BY: _____ DATE: _____

BY: _____ DATE: _____