

Commercial Credit Application

Fax to: 281.921.3423

COMPANY INFO	ORMATION						
			DBA (if applicable):				
Address/City/Stat	e/ZIP:				Phone:		
Contact Name & Title:			Email:		Cell:		
ederal Tax ID:Date		Date Und	te Under Current Ownership:		# of Employees:		loyees:
Industry Type:		We	b Address:				
Legal Structure:	Sole Prop	Partnership	LLC 🗌	Corporation	Municipal] N	ot for Profit 🗌
VENDOR, EQUI	PMENT, AND F	INANCE INFORM	IATION	VEND	OR CODE:		
Vendor Name:			Coi	ntact:	F	Phone:	
Address/Website:					Email:		
NEW/USED	EQUIPMENT TO BE FINANCED						\$ FINANCED
EQUIPMENT ADI (If Different From	 DRESS: Company Addr	ess) —					TERM: (In Months) ——
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(If Different From BANK AND FINA Bank Name Finance Company OWNERS, OFFIC 1.) Name: Social Security #: Home Address: Signature X:	Company Addr ANCE REFEREN Acc Nur Lea Loa	NCES ount mber se/ n # RANTORS (please Title: % Ow	sign on th	Contact Name Contact Name e signature line) Ho	Ph Nu Ph Nu Ph Nu Cell: Cell: me Phone: Date:	one imber imber	(In Months) ——
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By signing above, the applicant and the Owners/Partners/Members/Guarantors agree as follows:

They certify that all information provided is true, correct and complete and that the property leased or acquired with any credit provided will be used solely for business and commercial purposes. The applicant and the Owners/Partners/Members/Guarantors of the applicant listed above recognize that their individual credit histories may be a factor in the evaluation of the applicant for the credit it is applying for and, thus, authorize Ascentium Capital LLC or its designee to investigate their organizational and personal credit histories. This includes obtaining information from all sources including using their consumer credit reports in the credit evaluation and collection processes, and to update any such information periodically.

