



**MANUFACTURERS FINANCING SERVICES  
CREDIT APPLICATION**

Company Name \_\_\_\_\_ Organized as  Sole Proprietorship (*Copy of Driver's License Required*)  
 Billing Address \_\_\_\_\_  Partnership  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Standard Corporation  
 County \_\_\_\_\_  Sub Chapter S Corporation  
 Contact Person \_\_\_\_\_  Limited Liability Corporation (*Copy of Articles of  
 Organization and LLC Operating Agreement Required*)  
 Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_ If Corporation, fiscal year ends \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Name of Corporate Secretary \_\_\_\_\_

Enter Equipment Address below **if different** from Billing Address:

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**OWNER INFORMATION:** (If more than two owners, please submit the additional owner information on a blank piece of paper)

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
 SSN \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Title \_\_\_\_\_ % of Ownership \_\_\_\_\_ Title \_\_\_\_\_ % of Ownership \_\_\_\_\_

**BANK INFORMATION:**

Name of Bank	Type/Account Number	Phone Number	Fax Number	Contact Person	Mo. Payment
	Checking <input type="checkbox"/> Loan <input type="checkbox"/> Acct No.:				
	Checking <input type="checkbox"/> Loan <input type="checkbox"/> Acct No.:				

Landlord's Name, Address, Phone# \_\_\_\_\_  
 Commercial Insurance Agent's Name, Address, Phone# (*Equipment financed must be insured during the term of the lease/loan*) \_\_\_\_\_

How long have you been in business? \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_  
 Annual Sales \_\_\_\_\_ Backlog of Orders Currently In-house (in dollar value) \_\_\_\_\_

By my signature below, I hereby authorize any of the above references to release any credit information requested by MFS and its Agents/Assigns or its designee (and any assignee or potential assignee thereof). MFS and I certify that each individual named on this application has authorized MFS to request, obtain and review his or her personal credit profile from a national credit bureau or otherwise. This application in its entirety, including all authorizations and certifications, shall apply to any future request for financing from MFS, and such authorizations and certifications shall be deemed repeated at such time, unless a new written application is submitted.

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Please print, sign and return the application to:  
 Darryl Schoen  
 dschoen@mfslease.com  
 Phone 949 636-0114