



Business Credit Application

Send to: credit@computerfinancing.com
 Fax: 772-365-0263 Questions Call: 772-978-1194



COMPANY or ORGANIZATION NAME (full legal name including dba or division if applicable)					DATE
ADDRESS	CITY	STATE	COUNTY	ZIP	PHONE NO.
EQUIPMENT LOCATION (if different than above)	CITY	STATE	COUNTY	ZIP	FAX NO.
EMAIL ADDRESS			DATE EST. (MO & YR)		YRS. CURRENT OWNERSHIP
TYPE OF BUSINESS		D & B NO	NO. OF EMPLOYEES		STRUCTURE: Other: _____ ___ Partnership ___ Sole Prop ___ LTD Corp ___ S Corp ___ C Corp ___ LLC
PRIMARY CONTACT			FED. TAX I. D. NO.		
LANDLORD'S NAME (or mortgage co.)			LANDLORD'S PHONE NO.		STATE OF ORGANIZATION
PRINCIPAL'S NAME (first, middle, last)		TITLE	% OF OWNERSHIP		SOC. SEC. NO.
HOME ADDRESS (including city, state, & zip code)			HOME PHONE		HOW LONG: Own Rent
PRINCIPAL'S NAME (first, middle, last)		TITLE	% OF OWNERSHIP		SOC. SEC. NO.
HOME ADDRESS (including city, state, & zip code)			HOME PHONE		HOW LONG: Own Rent
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HOME ADDRESS (including city, state, & zip code)			HOME PHONE		HOW LONG: Own Rent
EQUIPMENT: \$	SERVICES & SOFTWARE: \$	INSTALLATION: \$	OTHER: \$	TOTAL AMOUNT (BEFORE TAX): \$	
VENDOR(1):			VENDOR CONTACT AND PHONE:		
EQUIPMENT, SOFTWARE OR SERVICES TO BE FINANCED:					AMOUNT: \$
VENDOR(2):			VENDOR CONTACT AND PHONE:		
EQUIPMENT, SOFTWARE OR SERVICES TO BE FINANCED:					AMOUNT: \$
FINANCING TERMS (check one):	LEASE	FINANCING	OTHER	TERM	PAYMENT
IMPORTANT — APPLICANT READ BEFORE SIGNING					
I hereby certify that all information contained in this application is true and all attachments here to is true and complete to the best of my knowledge, and has been supplied for the purpose of obtaining credit in the form of an equipment lease or financing and here by authorization ICF, Inc. and it's assignees to obtain a credit bureau and or credit profile, bank and trade references in considering the credit applicant and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static, facsimile or e-mail copy of this authorization shall be as valid as the original.					
DATE	SIGNATURE			TITLE	