CREDIT APPLICATION

PHONE: 888-938-1899 or 507-929-1506 FAX: 855-636-9493 or 612.465.6611 E-MAIL: SMGCREDIT@GREATAMERICA.COM

VENDOR				
NAME:		CITY, STATE:		
PHONE:	FAX:	CONTACT NAME:		
CONTACT EMAIL:		CONTACT PHONE		
CUSTOMER ("YOU" OR "YOUR")				
FULL LEGAL NAME:				
ADDRESS:				
CONTACT:	PHONE:	FAX:		
EMAIL:	BUSINESS NATURE:	WEBSITE:		
			RATED/ESTABLISHED:	STATE:
	TOCKHOLDERS, PARTNERS, OR PROPRIETORS)			
NAME	TITLE	HOME ADDRESS		SOCIAL SECURITY NO.
1.				
2. BANK REFERENCES (TWO-YEA				
BANK	CITY/STATE	CONTACT	PHONE	ACCOUNT NO.
1.				
2.				
FINANCING/LOAN REFERENCE				
NAME	CITY/STATE	CONTACT	PHONE	ACCOUNT NO.
1.				
2.				
TYPE, MAKE, MODEL NUMBER, AND INCL	UDED ACCESSORIES		SERIAL NUMBER	NEW/USED
FINANCE TERMS				
TERM IN MONTHS:	E	QUIPMENT COST:		
AUTHORIZATION				
	OR ITS DESIGNEE(S) TO INVESTIGATE THE REFER INING TO MY BUSINESS AND/OR PERSONAL CRED			
CREDIT REPORTING AGENCY WITH RES	SPECT TO ME AND THE ABOVE NAMED CUSTOME			
THE ACCOUNT.				
(As Stated Above)	X			
CUSTOMER	SIGNATURE		PRINT NAME & TITLE	DATE
	REQUEST SPECIFIC REASONS FOR CF			
	Credit is denied, you have the right to a W Reatamerica leasing corporation, 625 first			
	SION. WE WILL SEND YOU A WRITTEN STATEMENT			
	QUAL CREDIT OPPORTUNITY ACT PROHIBITS CRED			
	DRIGIN, SEX, MARITAL STATUS, AGE (PROVIDED T			
	LICANT'S INCOME DERIVES FROM ANY PUBLIC / NSUMER CREDIT PROTECTION ACT. THE FEDERAL			
	MISSION, EQUAL CREDIT OPPORTUNITY, WASHING			