



North Shore Ecr kcn

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 Kings Park NY 11754
 (631) 231-3770 Fax: (775) 383-1780

STEPHEN KELLY
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BUSINESS INFORMATION:		
EXACT LEGAL COMPANY NAME:	TERM (Months) <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	BUSINESS TYPE <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LP <input type="checkbox"/> SOLE - PROPRIETOR
DBA (if applicable) :	CONTACT PERSON: Mr. <input type="checkbox"/> /Ms <input type="checkbox"/>	
MAILING/ BUSINESS ADDRESS:	Cell #: E-mail: _____	
BUSINESS PHONE NUMBER:	BUSINESS FAX NUMBER	
BUSINESS DESCRIPTION	YEARS IN BUSINESS	FEDERAL TAX ID#

REFERENCE INFORMATION:			
TRADE REFERENCES:	ACCOUNT #	CONTACT NAME & TELEPHONE NUMBER	
NAME:			
NAME:			
BUSINESS BANK ACCOUNTS	ACCOUNT #	TELEPHONE #	OFFICER TO CONTACT
NAME:			
NAME:			

PERSONAL INFORMATION: <i>Include all owners to account for 100% of company ownership</i>			
PRINCIPAL	SOCIAL SECURITY #	TITLE & OWNERSHIP %	HOME ADDRESS & TELEPHONE

EQUIPMENT INFORMATION:		
TYPE OF EQUIPMENT:	EQUIPMENT COST:	
<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> REFURBISHED	IF USED OR REFURBISHED - AGE OF EQUIPMENT:	
SUPPLIER:	CONTACT:	PHONE:
SUPPLIER ADDRESS:	E-MAIL:	CELL #:

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Applicant warrants all credit and financial information submitted to North Shore Ecr kcn (here after referred to as NSC) and/or its assignees release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize NSC and/or it assigns to obtain personal credit bureau reports for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

X

Signature

Print Name

Date