

North Shore Business Ecrkscn

PO Box 662 Smithtown NY 11787 (631) 231-3770 Fax: (775) 383-1780

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BUSINESS INFORMATION:		<u>, </u>			
EXACT LEGAL COMPANY NAME:			TERM (Months)	BUSINESS TYPE	
DBA (if applicable) :			☐ 36 ☐ 48 ☐ 60 CONTACT PERSON: Mr. ☐/Ms ☐	☐ LLC ☐ CORPORATION ☐ PARTNERSHIP ☐ LP	
MAILING/ BUSINESS ADDRESS:			Cell #: E-mail:		
BUSINESS PHONE NUMBER: BUSINESS FA		BUSINESS FAX	X NUMBER		
BUSINESS DESCRIPTION	YEARS IN	N BUSINESS FEDERAL		ΓAX ID#	
REFERENCE INFORMATION:					
TRADE REFERENCES:	ACCOUNT #	CONTACT NAME & TELEPHONE NUMBER			
NAME:					
NAME:					
BUSINESS BANK ACCOUNTS	ACCOUNT #	TELEPHONE	# OFFICER T	O CONTACT	
NAME:					
NAME:					
PERSONAL INFORMATION: Include all owners to account for 100% of company ownership					
PRINCIPAL	SOCIAL SECURITY #	TITLE & OWNERSHIP	HOME ADDRESS	& TELEPHONE	
EQUIPMENT INFORMATION:					
TYPE OF EQUIPMENT:			EQUIPMENT COST		
-					
□NEW □USED □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 Business Ecrken(here after referred to as NSBC) 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 NSBC 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