

Credit Application---FAX TO 404-921-9636

Company Information			
Legal Business Name:		Contact Person:	
Address:		Years in Business:	Years under Present Ownership:
City:	State:	Zip:	County:
Phone:	Fax:	Email:	
Business Type: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> Other		Federal Tax ID Number:	

Officer/Owner Information			
1. Name:	Title:	Social Security #:	
Address:	Home Phone:	Cell Phone:	
City:	State:	Zip:	Percent Ownership:
2. Name:	Title:	Social Security #:	
Address:	Home Phone:	Cell Phone:	
City:	State:	Zip:	Percent Ownership:

Bank & Trade Reference	
Bank PLEASE SUBMIT 3 MONTHS MOST RECENT BANK STATEMENTS (cover page only)	Account Number:

Equipment Information			
Description:	<input type="checkbox"/> New Equipment <input type="checkbox"/> Used Equipment	Estimated Cost:	Desired Term: 24 36 48 60 or 72 months
Vendor Name:	Vendor Contact:	Phone Number:	

By signing this document, I/we hereby authorize Flagship Credit Services, LLC, or its assignee(s) to review my personal and business credit profile for the purposes of obtaining credit. In addition, I/We authorize and instruct any person, consumer reporting agency, or bank institution to compile and furnish Flagship Credit Services, LLC, or its assignee(s) with any information it may have in response to an inquiry from a lessor or creditor. I/We certify that the information provided in this application is true and correct and understand a facsimile, electronic, or other copy of this document shall be valid as the original.

Signature(s) of Officers, Owners and/or Guarantors	
1.	Date:
2.	Date: