CREDIT APPLICATION

Bakeryequipmentdepot.com
56 Rockland Drive
Jericho, NY 11753
Toll Free: 888-443-8782
Fax: 516-681-0845

Company Name: _____ Fed. I.D. #: _____

d/b/a _____

_____ _____

(street) (county)

_____ _____ _____ _____

(city) (state) (zip)

Phone: _____ Fax: _____ Years in Business: _____

Business Structure: _____

Business Activity: _____

Owner / Officer: _____ Title: _____

Home Address: _____ Home Phone: _____

(street)

_____ _____ _____

(city) (state) (zip)

Social Security Number: _____ - _____ - _____ % of Ownership: _____

Owner / Officer : _____ Title: _____

Home Address: _____ Home Phone: _____

(street)

_____ _____ _____

(city) (state) (zip)

Social Security Number: _____ - _____ - _____ % of Ownership: _____

Business Bank Name: _____ Phone #: _____

Contact: _____ Account #: _____

Trade Reference: _____ Phone #: _____

Trade Reference: _____ Phone #: _____

Vendor: _____ Contact: _____ Phone: _____

Equipment Description: Cost:

Signature: _____ Title: _____ Date: _____

The undersigned (1) authorizesLeasing services Inc., its heirs & assigns to obtain a personal report on all principals & guarantors for credit purposes, and (2) authorizes the release to Leasing services, Inc. of all credit information it may request, including business &personal banking, mortgage, landlord, trade & lease information.