

# COMMERCIAL CREDIT APPLICATION (PLEASE PRINT)

Sales Representative \_\_\_\_\_

Date \_\_\_\_\_

## BUSINESS INFORMATION (Complete this section entirely)

**Submit two year-end financial statements, most current balance sheet, and profit / loss statement, or current tax return**

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Incorporated
<input type="checkbox"/> Non-Profit/Municipal	<input type="checkbox"/> SUB "S"	<input type="checkbox"/> Other (please explain) _____

Legal Company Name		Trade Name / DBA		Type of Business	
Federal Tax ID #	State Incorporated	Date Incorporated	Phone #:		
Address		City		State	Zip
Business Email		Monthly \$	<input type="checkbox"/> Rent	<input type="checkbox"/> Mortgage	Gross Monthly Income: \$
Principle Name (1)		Title		% Owned	
Principle Name (2)		Title		% Owned	
Principle Name (3)		Title		% Owned	

## BUSINESS INFORMATION

Primary Bank Name	Bank Contact
Account Number	Bank Phone Number

### California Disclosure

Applicant, if married may apply for a separate account.

### Ohio Disclosure

The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

### New York Disclosure

A Consumer report may be requested in connection with this application for credit or any further update, renewal or extension of such credit. Upon request, you will be informed whether or not a consumer report was requested and, if a report was requested, you will be informed of the name and address of the agency that provides a report.

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### Equal Credit Opportunity Act.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact us at **sales@AZMobility.com** within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

**NOTICE:** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

### INDIVIDUAL, GUARANTOR OR SOLE PROPRIETORSHIP *(Complete This Section)*

Last Name		First Name		MI	Date of Birth
Social Security No.		Mobile Phone		Home Phone	
Are you a citizen of the United States?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Residential Address <i>(Number &amp; Street)</i>			City	State	Zip Code
Previous Address <i>(If less than 2 years at current address)</i>			City	State	Zip Code
<input type="checkbox"/> Own Home Outright	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Living with Relatives	<input type="checkbox"/> Renting	Lived There Years      Mths	Monthly Payment \$
Employer <i>(Name and Address)</i>				Gross Monthly Income \$	
Occupation		Time on Job		Phone	
Secondary Income Source <small><i>(Alimony, child support or separate income need not be revealed if you do not wish to have it considered as a basis for repayment.)</i></small>				Secondary Income \$	

**For the purpose of securing credit, I certify that everything that I have stated in this application is true and correct. I authorize AZ Mobility and its assigns and/or designees to check the information in this application, check my credit references with credit bureaus and others including obtaining a credit report, and verifying my employment. I further understand that a financial institution or other financial investor will be requested to buy the contract involved in this sale transaction. I authorize the disclosure of this information on this application to others for such purposes.**

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_