

CREDIT APPLICATION

Office Contact (Name & Title): _____ **Application Date:** _____

Business Name / Lessee: _____ Year Started: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Mailing Address: _____
 Phone: () - ext. Cell: () - Fax: () -
 Email: _____ Website: _____
 Parent Company Name & Address (if different) _____
 Company Type: Corporation Partnership Proprietorship LLC Non Profit Municipality

Name of Principal(s) / Title(s)	Social Security # (s)	Physical Home Address		
1				
2				
3				
4				
Bank Reference	City & State	Phone #	Contact Name	Account # (s)
1				
2				
Equipment Financing/Leasing Reference	City & State	Phone #	Contact Name	Account # (s)
1				
2				
Trade Reference	City & State	Phone #	Contact Name	Account # (s)
1				
2				

Machine Dealer / Distributor	Phone #	Contact Name:

Complete Description of Equipment (Attach Quote if Available) New Used **Cost:** \$ _____

Reason For Acquiring New Equipment

Estimated Delivery Date: _____

Insurance Agent or Broker: _____ **Phone:** _____

Authorization

I/We authorize XMI Financial Services, LLC or its assigns to make whatever credit inquiries that it deems necessary in connection with this lease application. I/We authorize any person and/or reporting agency to furnish XMI Financial Services, LLC or its assigns any information that it may have or may obtain in response to this request. This information shall remain the property of XMI Financial Services, LLC or its assigns whether or not this lease application is approved.

Authorized Signature(s) Title(s) Date

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