



CREDIT APPLICATION FORM

COMPANY

Firm Name: _____ DBA: _____
 Address: _____ City: _____ State: ___ Zip: _____
 Phone: _____ Fax: _____ Contact Name: _____
 Sole Proprietorship: Partnership: SUB-S: Corporation: FEI Number _____
 Date Established: _____ Current Ownership Since: _____ Doctor License No. _____
 Amount Requested: _____ Financing for: Equipment Lease: Working Capital: Loan:

VENDOR & EQUIPMENT

Name: _____ Address: _____ Vendor. No. _____
 Contact: _____ Phone: _____
 Type of Equipment: _____
 Equipment location if other than above address of lessee: _____

GUARANTORS

Name: _____ SS. No. _____ Home Phone: _____ % Of Ownership _____
 Home Address: _____ City: _____ State: ___ Zip: _____
 Name: _____ SS. No. _____ Home Phone: _____ % Of Ownership _____
 Home Address: _____ City: _____ State: ___ Zip: _____

BANK REFERENCES

Bank Name: _____ Acct. No. _____ Type: _____
 Bank Officer: _____ Phone: _____
 Bank Name: _____ Acct. No. _____ Type: _____
 Bank Officer: _____ Phone: _____

TRADE REFERENCES

Name: _____ Acct. No. _____
 Contact: _____ Phone: _____
 Name: _____ Acct. No. _____
 Contact: _____ Phone: _____

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Coffman Capital Inc., its designee, assigns or potential assigns, to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Coffman Capital Inc., its designee, assigns or potential assigns, to review his/personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

All Guarantors must sign.

BY: _____ TITLE: _____ DATE: _____
 BY: _____ TITLE: _____ DATE: _____