

KEY COMMERCIAL CORP

877-333-4539
888-607-4460 fax
jimthomas@keycommercial.com

BUSINESS INFORMATION

BUSINESS CREDIT APPLICATION

Legal Company Name _____ Type of Business _____
Address _____ City _____ State _____ Zip _____
Equipment Location (if different) _____ Years in Business _____
Company Phone _____ Fax _____ Business Structure: Corp. Partnership Proprietor LLC
Cell Phone _____ Federal ID # _____ Website _____
Contact Person _____ Phone _____ Email _____

EQUIPMENT INFORMATION

Vendor _____ Sales Rep _____ Requested Term: 24, 36, 48, 60 Months (Circle One) Other _____
Equipment _____ Cost \$ _____ New Used / Approximate age of equipment: _____

PRINCIPAL INFORMATION

Name _____ Title _____ % Owned _____ Phone # _____
Home Address _____ Social Security # _____ - _____ - _____
Name _____ Title _____ % Owned _____ Phone # _____
Home Address _____ Social Security # _____ - _____ - _____

BANK REFERENCES – Depository, Commercial Loans, and Lines of Credit

Bank Name 1 _____ Branch Location _____ Officer _____
Phone # _____ Account # _____ Type of Account _____
Bank Name 2 _____ Branch Location _____ Officer _____
Phone # _____ Account # _____ Type of Account _____

TRADE REFERENCES

Name of Supplier _____ Phone # _____ Contact _____
Name of Supplier _____ Phone # _____ Contact _____
Insurance Name _____ Phone # _____ Contact _____
Landlord _____ Phone # _____ Contact _____

SIGNATURES

By Signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of it obligations, provides written instruction to Key Commercial Corp. or it designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining bank & trade information for considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I understand that by providing our company's phone/fax numbers, I consent to receive all phone/fax communications sent by or on behalf of Key Commercial Corp. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

AUTHORIZED SIGNATURE: X _____ TITLE: _____ DATE: _____

AUTHORIZED SIGNATURE: X _____ TITLE: _____ DATE: _____

Fax completed application to Jim Thomas 888-607-4460