

# CREDIT APPLICATION



Attn: Tom Giannelli (717) 686-4347  
tom.giannelli@credentialleasing.com

Fax: (717) 233-3966

## APPLICANT

Company		Federal Tax ID # or SSN	
Billing Address			
City		State	Zip
County	No Years in Business	Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership	
Nature of Business			
Contact		Title	
Email		Phone	

## DESCRIPTION OF EQUIPMENT

Description of Equipment	Cost \$
Requested Terms	Down Payment \$
Equipment Supplier	

## PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name	Title	
Home Address	Social Security Number	
City	State	Zip

## CONTRACT/AGREEMENT INFORMATION UNDER WHICH EQUIPMENT WILL BE OPERATED (if Applicable)

Name	City/State
Contact	Phone

Signature \_\_\_\_\_ Date \_\_\_\_\_