

CREDIT APPLICATION

FAX Application to 866.494.9507

COMPANY	Customer Legal Name	Yrs in Business	<input type="checkbox"/> Current customer of TFS Capital Solutions (list acct#)
INFORMATION	Street Address	Nature of Business	
	City/County/State/Zip	Phone No.	Fax no.
		() - () -	() -
	Federal Tax ID No. (REQUIRED)	Contact/Title	Cell No.
		() -	() -

Equipment Location (if different from above) Street Address/City/County/State/Zip		Type of Business	
Principal/Partner/Officer/Guarantor	Social Security No.	<input type="checkbox"/> Individual	Date of Inc. _____
Home Street Address		<input type="checkbox"/> Corp	
City/State/Zip	Phone No.	<input type="checkbox"/> Limited Partnership	
() -	() -	<input type="checkbox"/> Limited Liability	
		<input type="checkbox"/> Tax Exempt	
Please attach copy of certificate			

EQUIPMENT	Dealer Name	Contact (salesman)	Dealer Ph	Dealer Fax
INFORMATION			() -	() -
	Dealer Address		Email Address	

* If this is for a Manufacturer special rate program, list manufacturer name-

Finance Product	<input type="checkbox"/> Fair Market Value Purchase Option	Term	Sale Price (or attach sales quote to this page)
	<input type="checkbox"/> Fixed Purchase Option \$ _____ or _____ %		
	<input type="checkbox"/> Dealer Guaranty of Purchase Option	Interest rate %	# Advance
	<input type="checkbox"/> Conditional Sales Contract		Sales Tax (if included in financing)
Equipment Description (Manufacturer, Model, S/N)	<input type="checkbox"/> New	Year: _____	Downpayment or Trade (Minus)
1	<input type="checkbox"/> Used		Total Amount to Finance
2	<input type="checkbox"/> New	Year: _____	Payment Amount
3	<input type="checkbox"/> Used		

BANK	Bank/Credit Reference Name	Account/Loan Officer	Phone#	Fax#
REFERENCES	Address (City, State)		() -	() -
			Checking/ Loan Acct. No.	

	Bank/Credit Reference Name	Account/Loan Officer	Phone#	Fax#
	Address (City, State)		() -	() -
			Checking/ Loan Acct. No.	

TRADE	Trade References	Contact	Phone#	Fax#
REFERENCES	Address (Street, City, State)		() -	() -
			Account#	

	Trade References	Contact	Phone#	Fax#
	Address (Street, City, State)		() -	() -
			Account#	

BUSINESS PURPOSE AUTHORIZATION You, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family or household purposes.

I hereby authorize TFS Capital Solutions, its assignees and affiliate companies to obtain further information concerning my business credit as well as my personal credit standing from any credit bureau, the references herein listed, or any other person. A photostatic copy of this authorization shall be as valid as the original.

X _____ Date _____ Signature _____
 Print Name & Title