

CREDIT APPLICATION



Attention:
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Certified Commercial Finance Manager

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B U S I N E S S	LEGAL BUSINESS NAME		TRADE NAME (DBA)		CONTACT	
	PHYSICAL ADDRESS (NO PO BOXES)		CITY	STATE	COUNTY	ZIP CODE
	TYPE OF BUSINESS		BUSINESS PHONE NO.	FAX NO.	CELL PHONE NO.	
	LOCATION OF EQUIPMENT (IF DIFFERENT FROM ABOVE)		CITY	STATE	COUNTY	ZIP CODE
	OWNERSHIP STRUCTURE <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LEGAL PARTNERSHIP <input type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> LLC			E-MAIL ADDRESS		
	NO. OF EMPLOYEES	STATE OF INCORPORATION	DATE BUSINESS STARTED	FED. TAX ID	WEBSITE	

O W N E R S H I P	PRINCIPAL'S LEGAL NAME		TITLE		% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.
	HOME ADDRESS (NO PO BOXES)		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?			PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PRINCIPAL'S LEGAL NAME		TITLE		% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.
	HOME ADDRESS (NO PO BOXES)		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?			PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PRINCIPAL'S LEGAL NAME		TITLE		% OWNERSHIP	DATE OF BIRTH	SOC. SEC. NO.
	HOME ADDRESS (NO PO BOXES)		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.
	PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH / YEAR DISCHARGED?			PRIOR REPOSSESSION / FORECLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

B A N K	NAME OF PRIMARY BANK		ACCOUNT NUMBER	CONTACT	PHONE
	ACCOUNT UNDER NAME OF		CURRENT DEPOSIT BALANCE	BORROWING RELATIONSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL LOAN/LEASE BALANCE

L O A N S	LENDER	ACCOUNT NUMBER	CONTACT	PHONE

E Q U I P M E N T	SELLING DEALER / VENDOR		SALESPERSON		E-MAIL	
	DEALER / VENDOR ADDRESS		CITY	STATE	ZIP CODE	PHONE
	NEW / USED	EQUIPMENT TO BE FINANCED (Include Year, Manufacturer, Model, Description)				
	COST OF EQUIPMENT \$	TERM (Months) <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> Other	STRUCTURE <input type="checkbox"/> Finance <input type="checkbox"/> \$1 Buyout <input type="checkbox"/> TRAC <input type="checkbox"/> FMV <input type="checkbox"/> Other			
NOTES / COMMENTS						

I/We hereby authorize the release of any and all credit information to Screen-Tec, LLC ("Screen-Tec") and its assigns or agents from the above listed references, and certify that all is true and correct to the best of my/our knowledge. The undersigned individual(s), recognizing that their individual credit histories may be a factor in the evaluation of the credit application, hereby consent(s) to and authorize(s) Screen-Tec to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

BANK SECRECY ACT NOTICE: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each "person" (individual or business) who opens an account. When opening an account, the lender will ask for the name, address, date of birth, (or proof of existence of a business entity) and other information, including a driver's license or other documentation to properly identify each "person".

X _____ SIGNATURE	X _____ SIGNATURE	X _____ SIGNATURE
_____ TITLE	_____ DATE	_____ TITLE
_____ DATE	_____ TITLE	_____ DATE