## **CREDIT APPLICATION**

Send to:

Email to: chad@vending4success.com

## **Sales Information**

Name of your Salesperson:	(If y	(If you do not have a salesperson enter "None")		
Amount of Credit Requested (check one):	\$0 - \$5000\$	5,000 - \$25,000	_\$25,000+	
	<u>Customer Info</u>	ormation		
Current Finance Customer (if no leave blank)?	Current Customer	Past Customer	New Customer	
Legal Business or Customer Name:	D/B	/A Name (if any)		
Type of Business (Check One): Sole P	P Partnership	Corp		
Years in Business: yrs.				
Number of Routes: Number of Locations:	Number of Machin	nes: Annual Sales:		
Business/Customer Address:	City:	State:	Zip code:	
Business/Customer Phone:	Cell/Alternate Phone	: Fax	#:	
E-mail Address:				
Owner/Authorized Signer I Name (Print):	Social Security No:			
Owner/Authorized Signer 2 Name (Print):	Social Security No:			
Credit Information				
Check One:Home OwnerRenter	Number or Years at a	ddress:		
Home Address:	City:	State:	Zip code:	
Home Phone:Cell Phone:				
Nearest Relative not Living with Customer:		_ Relationship:	Phone	
Employed Out	tside Vending Busine	ess:Yes	No	
Employment Information (If employed outside business or in business less than one year)				
Name of Employer of Signer 1:	Salary			
Position	Phone	#	Yrs Employed	
Name of Employer of Signer 2:	Salary			
Position	Phone	#	Yrs Employed	
	Trade Refer	ences		
Name:Pho	ne #:	Account		
Name:Pho	ne #:	Account		
Name:Pho	ne #:	Account		
I understand that you are relying on this in or any bank/and or trade bureau or other ir other data obtained from me or any other p authorizes all parties contacted to release cr	formation in extending avestigative agencies em erson pertaining to my redit information reques	credit and I warrant i ployed by WFS to invo credit and financial ro ted or its successors o	t to be true. I hereby authorize WFS estigate the references herein listed or esponsibility. The undersigned r assigns.	
Signature	Signature_		_	
Date				